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EDITED BY

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Fellow of American Academy of Medicine, *Etc.*

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Respectfully submitted,

R. OGDEN DOREMUS, M. D., LL. D.

*Prof. Chemistry and Physics, College City of New York,
and Prof. Chemistry and Toxicology, Bellevue Hosp. Med. Col.*

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THE CINCINNATI MEDICAL NEWS.

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VOL. XI. No. 1.
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ORIGINAL CONTRIBUTIONS.

Notes on Heredity.

BY T. L. WRIGHT, M. D., BELLEFONTAINE, O.

FOR any man to suppose that he is personally created in the "image," and after the "likeness" of the Almighty, would be a piece of wonderful presumption. But, that man as a *race*, being the reflection of the created universe, which itself represents to some degree the powers and characteristics of its creator, is the "image" and "likeness" of the great Architect, will be readily conceded. And this is a fact not less clear and certain, because the "sins" of mankind—the consequences of infractions of nature's laws, by finite parts of the race, by individuals, bringing discord into the harmony naturally existing between the creator and created—are, by this preponderance of the immortal in man's nature, constantly being eliminated, through the "dying out" and disappearance from earth of those who carry the disabilities and diseases of the disobedient and foolish in their own persons. This disappearance of disease, and of the diseased, points to the divine relationship of human kind, and demonstrates its constitutional purity and perennial youth.

Nature does its mightiest work in details. The shocks of matter and the "wreck of worlds" are, in comparison, insignificant. The ultimate atom, in its infinitude of adaptability, gathers all and disperses all. Its susceptibilities are beyond description or conception. It is not at all difficult to imagine possible combinations of a material atom in the rolling cycles and ages. Once, perhaps, it is the invisible, intangible ether in the interstellar space

called—nothing! Again, it is the solid element of the impenetrable granite, of which worlds are framed. Anon, it enters as a component into the structure of the dreadful fang of some prehistoric monster, leaving in his path havoc and desolation. And now, it enters into the constitution of the venom under the serpent's tongue, and spreads death, cold and pallid, over the ruddy form of some sudden victim. And once again it is a component part of the tear of pity which sparkles like a jewel in beauty's eye.

The nature of the great forces which determine the arrangements of ultimate atoms, and the constitution and changes in the universe of matter, is not known. But there are two subordinate forces which operate upon the arrangement of material atoms, of which we have some slight empirical knowledge. These are the *chemical* force presiding over the form and constitution of chemical compounds; and the *vital*, or *biological*, force, which has to do with the form and constitution of living beings. It is of the latter that we are called upon to speak at this time.

When we speak of the human constitution, we mean a concatenation of traits, mental and physical, which are essential to the human character in health. But when we speak of a constitutional defect, or disease, we refer especially to some traits, mental or physical, as associated usually with a family or connection, and which are distinguished from the essentials of human character. Thus, certain diseases, habits of thought, peculiarities of speech, motion, color, or general conformation, pointing to a family relationship, are called constitutional, and most frequently, also, are hereditary.

It is unquestionably true that the operation of the vital or biological force of which we have spoken, has, in all such cases, been paramount in effecting such atomic relationships in the building of the living structure, as established the physical condition, which made the constitutional temperament, whatever it might be, inevitable.

We can not see the working of this force in action; but in given conditions its results are invariable, and must therefore be in obedience to unchanging laws.

It has been declared, by high authority, that there is nothing in the microscopic or chemical qualities of the germs of ordinary animals, by which it can be known be-

forehand, whether a particular germ will develop into the human form, or into some beast. Still less, is there any property in the human germ which will foretell the final evolution of a generic "cow-lick," or hair-lip, or sixth finger, or of cancer or scrofula, or some special moral proclivity.

But these tendencies exist "potentially" in the germ, and under the guidance of the force of vitality they give form and character to the human being, and they betray, without a shadow of doubt or mistake, individual identity and family kinship.

True neurotic heredity, then, depends upon the capacity of the vital force to determine the relations of the material atoms which enter into the construction of the brain-centers, especially as these relations result in abnormal forms, which are reflected in abnormal functions. It is not necessary to suppose that these forms are perceptible—any more than the forms of the animal germs are perceived by the senses—which, yet, under the vivifying influence of vital activity, develop into widely differing animals.

But the question arises, what is the nature of that modifying agency which wrests vital action so out of its normal and wonted course as to cause the building up of a brain whose parts are unstable and out of harmony—without any perceptible structural lesion being present?

Maudsley says, for example, that "a life which is a systematic negation of moral law initiates a degeneracy," which may be transmitted hereditarily. But what goes behind this manner of living? What is the original force which tempts the man to such abandonment of moral principles?

It appears to us that too many intermediate causes are credited with the founding of neurotic temperaments, the ulterior causes being unperceived or possibly unknown. Arrests of development from imperfect nutrition not only produce scrofula and consumption, but they affect the ultimate perfection of brain-centers. Upon the whole, then, it appears to us that *imperfection, not redundancy*, is the basis, the substratum of a large majority of the neurotic temperaments. Unavoidable diseases and physical accidents and injuries appear to be the beginnings of neurotic conditions, appearing often in distant localities and in strange forms. Observation will show that con-

genital deformities, without remarkable mental or moral traits, will betray a neurotic origin by transmitting mental and moral, as well as physical, obliquities.

We are acquainted, intimately, with an aged couple, neither one of them ever remarkable for any strange moral or mental peculiarity. They have passed through a long life in the pursuits of humble, but honest, industry, and possess the esteem of the community in which they live. But the offspring of these people were strangely affected. One son is a periodical drunkard. Another was habitually intemperate to that extent that he died before he was twenty-five years old from drunkenness. Still another son, died young (though after puberty), from epilepsy. A daughter was hysterical in her youth, and is now the mother of a daughter also hysterical. Another daughter had convulsions upon the occasion of her first confinement. The mother of these persons was said to possess a somewhat hasty temper in her early life; but the father, a mild, patient man, is cross-eyed. This was a congenital deformity. It is surely not proper to attribute all this distress and disease to the constitutional strabismus of the father. But it seems more reasonable to refer them to some remote neurotic diathesis, profoundly affecting an indefinite line of ancestry, to which the paternal deformity pointed, and of which it was a "slight and passing sign of which he was unaware," breaking out in his children, however, with renewed violence.

Diphtheria.

(Read at the regular quarterly meeting of the "Iowa Central Medical Association, held at Marshalltown, Iowa, Oct. 11, 1881.)

BY N. C. MORSE, M. D., PRESIDENT.

I WISH, to-day, gentlemen, to bring before the Society, for discussion, the much-talked-of subject—diphtheria. Not that I have anything new to offer, not that I have made any wonderful discovery in the way of treatment, not that I have cured thousands of cases, but I desire, simply, to have a plain, *common-sense* talk with you on this subject.

First, then, IS DIPHTHERIA A MODERN DISEASE? Not a few physicians and the public generally regard it as such;

but it is neither, as Watson says, "the offspring nor the discovery of this generation." Its history extends as far back as medical literature carries us. To Aretœus, of Capadocia, who lived during the first century of the Christian era, is given the credit of first describing this disease. Macrolius and Cœlius Aurelianus both refer to it in their writings, and the latter not only recognized diphtheria of the larynx and pharynx, but described the paralysis of the soft parts involved.

The first epidemic of which we have any knowledge occurred in Holland in 1337. Mercado, in 1608, relates the history of a child who communicated the disease to his father by biting his finger. Passing hastily to more modern times, we find this disease described under various names by Huxen, Rosen, Guersent, and others. Bretonneau, in 1826, was the first, however, to describe it as a distinct disease, and it was he who gave it the name which it now bears. The first cases known in the United States occurred in Roxbury, Mass., in December, 1659. Douglass, of Boston, describes it in 1736, and Samuel Bard, of New York, in 1771, since when it has occurred in various parts of the United States. [Vide Jacobi on Diphtheria.] Empress Josephine, Vallex, the eminent French physician, Stephanie, the beautiful queen of Portugal, and Washington, are said to have been victims of it. [Vide Hartshorne's Practice.]

Second.—IS DIPHTHERIA A COMMON DISEASE? I fear it is not as common as some physicians would try to have the public, at least, believe. I think, gentlemen, it would astonish not a few of you to see the private statistics of some of our (Western) physicians, or to hear of the vast number of cases they have under their charge. Any affection of the throat however simple is called by them diphtheria, and it is often amusing to see what intrigues these men enter into to convince their patrons that a simple laryngitis or tonsillitis is diphtheria. First of all, they fill the patients' minds with terror, causing them unconsciously to magnify their symptoms, then they call in the neighbors, the case is talked over with them; they have them sit up at night and have them note the various critical changes—they probably sit up a night or two themselves *to point out these changes*—and when resolution occurs, they openly boast of a wonderful cure. Now, suppose they really have a case of diphtheria. Dissolution invariably occurs,

but they have a loophole for escape large enough for the most ponderous quack, *i. e.*, the medicine was not properly administered, or the patient was neglected or was past relief when their assistance was requested. I assure you, gentlemen, this picture is not overdrawn. Hundreds of cases of simple subacute tonsilitis are annually treated or gravely described and termed severe cases of diphtheria.

The homeopaths, who, as a class, are noted for their wonderful imaginative powers, are not behind with their statistics of this disease. In an *Epitome of Homeopathic Achievements*, by O. B. Bird, we find the following: Dr. Y——, a homeopathic physician of Washington, in 1856, treated one hundred cases of diphtheria, WITH ONLY THREE deaths. Under allopathic treatment two-thirds of all cases died. Dr. H——, of Franklin Co., N. Y., treated, in 1860–62, one thousand cases of diphtheria, and lost eight per cent., while the best allopaths lost twenty-five per cent. If a man advertises that he can cure EVERY case of diphtheria, the public, instead of at once branding him as a quack, rush after him with extended hands, and without a test he is published far and wide. The quack who carries with him the greatest air of mystery, the one who can tell the most incredible stories, is the most successful. Yet why an “Indian doctor,” a clairvoyant or phrenologist, should know more than any one else, would puzzle any one to tell.

There being others than physicians present, I will illustrate my position concerning the credulity of the public by relating the following anecdote: There appeared in one of our Western towns a man who called himself an “Indian doctor.” His raven locks, which reached his shoulders, and his painted face, of course, attracted public attention, and he was soon all the vogue, to the great chagrin of the regular physicians. At last he had an amputation to perform. The consulting physicians stood off to see the ignorant man make a fool of himself, but to their great surprise, he performed the operation *well*. One of the doctors took him aside, and inquired how he knew so much of surgery. The quack replied by showing him a diploma, at the same time saying that he knew he should starve if he did not pretend to quackery. Upon this being reported to the others, one of them said, “We’ll

ruin him now," which they did by reporting everywhere that he was a regularly educated physician.

I do not wish to be understood as meaning that this popular fallacy—calling every case of throat trouble diphtheria—is due entirely to ignorance or inability to form a proper diagnosis, but rather that many practitioners encourage or foster this belief in the people, either to establish a reputation, or where deaths occur, preserve it.

Third.—But, WHAT IS DIPHTHERIA? The name, diphtheria, is applied to "a specific contagious disease, which occurs epidemically, endemically, and solitarily, and is characterized by greater or less inflammation of the membranes of the pharynx, larynx, or air-passages, upon which, especially those of the fauces and air-passages, deposits of lymph or false membrane form, which usually contain fungoid elements—(bacteroid mycosis)." [Vide Morell MacKenzie on Diphtheria.]

The word itself is derived from the Greek word "*διφθερα*" (a skin or membrane), hence the formation of this membrane in the throat, posterior nares, or nasal cavities, is generally regarded as pathognomonic of this affection.

The symptoms which attend the invasion of diphtheria do not, as a rule, differ from the ordinary acute inflammatory affections of the throat (Bristow's Practice) except the onset is often abrupt, or the patients may complain of "something sticking in their throat." In the majority of cases, after the disease has existed a certain length of time—from a few hours to one or two days—whitish, grayish or buff-colored isolated patches make their appearance on some portion of the mucous membrane of the tonsils, palate, uvula, or pharynx. These patches tend rapidly to spread, and may thus in a few days form a continuous covering to the whole posterior surface of the throat. By this time the tonsils and uvula become enlarged, and the glands about the angles of the jaw are swollen and tender. The inflammation may extend down the œsophagus, or, what is more common, it may attack the larynx, and clog up the air-passages, or extend from the throat to the ear, causing serious lesions. Again, it may attack the conjunctiva, and spread to the cornea, causing ulceration, perforation or opacity of that organ. Deglutition, as a rule, is unattended with the slightest distress. The temperature is not a characteristic feature, *but there is always at the onset fever*; the thermometer

may reach 105° or 106° , but after the first thirty-six or forty-eight hours, in severe cases, it gradually becomes lower and lower, until it scarcely exceeds normal. Albuminuria is often present, but so far as my experience goes, it is only found in those cases where the temperature has reached or exceeded 103° . Prostration comes on early, and, as the disease progresses, respiration is accelerated, the countenance is haggard, the skin cool and moist, and, "as the difficulty of breathing increases, all the auxiliary respiratory muscles are called into play, the face becomes pallid, the lips and nails blue, the skin cold and clammy, and, as the dyspnoea increases, the child struggles for breath; the nostrils widely dilate at each inspiration. Excited and alarmed, the patient, in its agony, clutches at its throat, and exhibits all the signs of approaching asphyxia. These symptoms increase rapidly unless relieved by treatment, and the struggles of the child grow worse and worse, until after awhile the excess of carbonic acid in the blood produces insensibility, and the child is no longer cognizant of its sufferings." (J. Solis Cohen.) Follicular tonsilitis is recognized "by its local character and the cup-shaped depressions left after the removal of the deposits." (Bristowe—Jacobi.) From the membranous croup, however, the diagnosis is by no means easy. These two diseases are closely allied. So much so, indeed, that the majority of physicians believe them to be identical. To say the least, they are "twin sisters." There are, however, a few characteristic or practical clinical differences, which lead us to regard them as distinct diseases. First, diphtheria is contagious; membranous croup is not. Second, in diphtheria *there is always fever at the onset*, which may continue throughout the disease, whereas "the relative absence of fever in croup is pathognomonic of that disease." (Jacobi.) Third, diphtheria is inoculable; croup is not. Fourth, diphtheria attacks both the old and young; croup is confined mostly to children. Fifth and last, death, in croup, occurs from obstruction; diphtheria is often fatal without the least impediment to respiration. There is another class of cases which we often meet with where there appears upon the fauces or tonsils a few distinct patches, accompanied with much pain and distress. These patches **HAVE NO TENDENCY TO SPREAD**, and resolution takes place in from three to six days without any great amount of

constitutional disturbance. These cases are not contagious, and should be designated as *diphtheroidal*, and not as true diphtheria, as is often the case. From scarlet fever the diagnosis is apparently easy, although many practitioners of ability assert that scarlatina anginosa, or putrid sore throat, and diphtheria are synonymous. Scarlet fever, however, begins abruptly; diphtheria usually has a distinct incubative period, varying from two to six days. Scarlet fever commences ordinarily with vomiting, and is attended with an efflorescence, while there is no fibrinous exudation upon the fauces, unless, as so frequently happens, diphtheria occurs as a complication. The disease called by some "false diphtheria," by others, "spreading quinsy" (not uncommon in the West), which sometimes carries off the entire members of a family, differs from diphtheria chiefly in the absence of the characteristic membranous deposits, and originating in the unsanitary conditions which surround not a few of our country homes. (For a further description of this disease I refer you to an article written by Eli McClellan, Major and Surgeon U. S. A., which appears in the *N. Y. Med. Record* of Feb. 5, 1881.) The diagnosis from all the milder throat troubles—catarrhal, pharyngitis, laryngitis, tonsilitis, etc.—is obviously easy, if we limit the term diphtheria to those cases in which a pseudo membrane forms of a specific *contagious* character.

Fourth.—WHAT IS THE CAUSE OF DIPHTHERIA? I must confess that we know no more about it now than did those who lived a hundred years ago. For a long time it was thought that from the discovery by Huetter and Oertel (in the exudations, mucous membrane and adjacent lymphatic glands) of minute organisms of the bacteria group, that these parasites were the infecting principle. Furthermore, Oertel asserted that animals, which have been inoculated with diphtheritic material, die with their internal organs infested with micrococci, and that the presence of these is characteristic of diphtheria. But the experiments of Burdon-Sanderson cast serious doubts on the agency of micrococci, and the more recent experiments of Wood and Formad seem flatly to contradict these statements. They (the latter) have carefully examined the internal organs of rabbits which died from the inoculation of diphtheria, and found no micrococci, and these results fully accord with the observations of

Curtis and Satterthwaite. Again, Morell MacKenzie tells us that the disease may occur either with or without bacteria. So, in conclusion, all we can say is, that the bacteria theory remains to be proven, and the theory that the poison is similar in nature to that which causes other specific diseases and propagated by contagion is, no doubt, true. I do not believe that the disease is the product of filth, but it is an unquestionable fact that the sanitary state of houses or localities, and the conditions of health of those exposed to its poison, have much influence over its development.

Fifth.—WHAT IS THE MANNER OR MODE OF DEATH? The tendency of the disease is to produce anæmia and exhaustion of the vital forces. Hence, the majority of deaths occur by asthenia. The dynamic force of the system being gradually exhausted, the patient becomes weaker and weaker, until finally the heart ceases to beat.

A great many cases, however (and it is a fact worthy of notice), die while the patient is still able to sit up or walk around the room. Death comes suddenly, without the least impediments to respiration, without warning; a surprise to the friends and parents, and often to the physician. The cause of this is paralysis of the heart, and it is well to bear in mind that dissolution from this source may occur, unexpectedly, at any time during the course and convalescence of the disease. The precursor of dissolution is an *intermittent pulse*, and, by noting this symptom, it has several times prevented me from a surprise. The minority die by apnœo or asphyxia, *i. e.*, a rest of respiration, either from the inflammation extending down the trachea and involving the lungs, or by suffocation from obstruction in the larynx or pharynx.

In conclusion, we come to the question of

Sixth.—WHAT SHOULD BE THE TREATMENT? First of all, it is well to remember that it is almost impossible to treat successfully a severe case of diphtheria in a hovel. Pure air and water are indispensable adjuncts. In the West it is often exceedingly difficult to enforce good hygienic discipline; far more so, perhaps, than our Eastern brethren are aware. To illustrate this fact, I will relate the following incident: About a year ago, in attempting to ascertain the cause of a case of typhoid fever I was treating, I found in a cellar under the room in which the patient lay a large mass of decayed vegetation. I called to the

farmer, and asked why he did not remove the filth. His reply was, "What's the use; it would be the same way next year." "Well," said I, "old fellow, that's a poor excuse; why do you wash your face? It gets dirty again." His answer closed the discussion. He "*didn't know as he would if it weren't for the style of the thing.*"

Having our patient, then, under as good hygienic control as possible, we next turn to our various medical treatises, medical journals, etc., on this subject. Here we ascertain that sulphate of soda, benzoate of soda, hydrochloric acid, salicylic acid, hydrate of chloral, sulphuric acid, pilo carpine and cubebs are among the latest remedies offered for the cure of this disease, and each has its "hot-headed" advocate. But experience has proven that there is no specific as yet discovered that is successful in combatting the disease or destroying the poison upon which it is dependent. Hence, at the present time, all we can do in the way of treatment, as in all other "specific affections," as typhoid fever, small-pox, scarlet fever, etc., is to moderate its force, prevent complications, if possible, and, by supportive treatment, conduct it to a safe issue. The treatment, therefore, is wholly symptomatic, and must be both constitutional and local. Constitutional, because the disease is a blood poison; local, to reduce the inflammation to prevent obstruction or suffocation, as well as septicæmia.

At the beginning of the disease, I usually administer a purgative of calomel, as recommended by Dr. Aitken. Then a febrifuge containing a diuretic (gelseminum et spts. nitre dulc.) is given *pro re nata*. When the voice is husky and the throat parched and dry, the patient is allowed to swallow, *ad libitum*, small pieces of ice, which often affords marked relief. Now, if at this stage of the disease, there is no malignant tendency, I should prescribe and rely upon the old "chlorate of potash and iron treatment," and, as the mode of administering these remedies is almost as essential as the remedies themselves, I would prefer to follow the plan as introduced and advocated by Dr. Bellington, of New York City (vide *Med. Record*, Feb. 1879), which is, no doubt, familiar to you all. To this treatment I add by means of the steam atomizer, the spray being directed into the fauces, the inhalation of the maximum solution of muriate of quinia, carbolic acid, or oil of turpentine. Now, if in spite of our efforts the vio-

lence of the disease increases, and the character of the respiration indicates obstruction due to the presence of membrane, I should resort to the inhalation of steam and slacking lime, for *in these cases* I believe them to be the most valuable adjuncts in our possession, their use being to favor the detachment of the membrane and cause expectoration. To accomplish this double purpose, I usually employ the following plan: Selecting, first, a small room, I have a stove placed as near the center of the room as convenient, upon which a large pan half full of boiling water is placed, and into this water fragments of lime are dropped from time to time, which produces a copious evolution of steam. The atmosphere should be thoroughly and continually saturated, and this steaming is continued day and night as long as the occasion requires, and then is gradually withdrawn. I regard this continuous ebullition of steam preferable, and I know it will produce better results than when its use is limited and interrupted. Should our efforts fail to relieve and the dyspnœa is increasing, and if the inflammation has not involved the lung tissue, our only hope of relief lies in tracheotomy. If at any time the patient is threatened with collapse, or if there is any malignant tendency present from the start, or if there is an intermittency of the pulse, we should then have recourse to alcohol, and give it in large quantities, *with the addition of the steam or spray treatment as suggested*. The use of nitrate of silver, persulphate of iron, or other strong caustic applications to the throat, I believe to be injurious, as they are not only a source of annoyance to the patient, but they increase the inflammatory action. And, furthermore, experience shows that those who employ the most powerful applications do not present any better results.

There are many remedies for the treatment of this disease brought to our notice in the medical journals. These I dismiss with the remarks of Jacobi: "The journals of the past ten years are flooded with superficial observations, insufficient experiments, and immature conclusions."

In conclusion, I would say, bear in mind the adynamic character of the disease—that prostration comes on early—remember that the disease is contagious, and is no respecter of persons, do not overlook the constitutionality of the affection, and, above all, do not let your patient suffocate for the want of tracheotomy.

Cancer of the Liver.—Illustrative Case.

BY DR. O. A. REA, B. SC.

Read before the Marshall County (Ind.) Medical Society.

THOSE *organs* of the system having a glandular structure are more liable to certain *forms* of disease than those having a different structure. Yet the largest organ of this class will be no more likely to be diseased, and subject to pathological changes, than other organs having an equal physiological importance in the animal economy. Notwithstanding this plain, and, to the profession, accepted, axiom, the people generally think differently. The charlatan who travels, the quack who publishes, "Every person his own doctor," and the insane specific vendor, have been teaching the masses. In consequence, nearly all the babies are "liver grown," many people have "biles on the liver," their "liver is out of order," some have "consumption of the liver," others have a "red tongue," and that "denotes too much acid (?) in the liver;" and we are frequently told, "there is no use to give quinine," for "mine are liver chills," etc., etc. Nearly three-fourths of our people actually believe they have a bad liver, and have taken innumerable patent nostrums, until it is a wonder there are as many sound human beings with regard to the digestive system.

However, this organ that elaborates the bile is sometimes diseased—sometimes enlarged, and sometimes atrophied. Gemmel, of Glasgow, says: "If enlarged, and presents nodules, which are painful, and the pain is increased by pressure, there is strong evidence of cancerous disease, especially if the nodules are depressed at center of summit."

The liability of the liver to become cancerous seems, from the recorded cases, to be less than the rectum, the stomach, the lymphatics, and, in the female, less than the uterus and the mammary glands. When it does occur, it is usually secondary to cancer in some other part. Of ninety-one cases reported by Frerechs twenty-two only were primary.

Of the different forms, encephaloid is the more frequent; and, next to this, the scirrhus. The different forms may present either a diffused or circumscribed character.

When in the form of nodules, they may be numerous, differing in size from that of a pea to a child's head, according to stage of growth. In some cases there is but a single nodule.

The disease may occur at any age, but the greatest liability exists between forty and sixty years.

When cancer of the liver is secondary, it usually occurs after cancer of some organ connected with the portal circulation, and the symptoms, even when primary, are sometimes referred to some other organ connected by this vascular system.

In most cases the diagnosis is easily made; but in some instances it may be mistaken for other tumors of the abdomen, or some other kind of hepatic tumor. It may be difficult at times to decide, as to enlargement, between hepatic dullness and a thickened omentum, or to distinguish hepatic dullness and nodules of the liver from an omentum with perforations containing knuckles of small intestines. All of these may produce circumscribed peritonitis and peritoneal effusion. An extensive scirrhus growth in the anterior abdominal parietis, in the umbilical or epigastric region, might present some of the local symptoms and all the general appearance of a cancerous liver. In these cases the lower limit of hepatic dullness could not be made out by percussion.

The patient presents a pale, waxy color, sometimes icteric, especially toward the last. There are progressive emaciation and debility, although the disease may make great progress without these signs being present, or these symptoms may be present without immediately pointing to the seat of affection.

A fatal termination may be hastened by causative inflammation in adjacent viscera. Independent of this, progress is sometimes rapidly fatal, the patient lasting but a few months. At other times the disease makes slow progress, and the patient may live one or two years. It is sure, sooner or later, to prove fatal. Death usually occurs from asthenia.

The treatment should be palliative and sustaining.

ILLUSTRATIVE CASE.

October 3, 1881, I was called to visit Charles B., æt. 54. German farmer. Complains of lancinating pain in abdomen, especially in hypogastric and left inguinal

regions; want of appetite, sleeplessness (insomnia), etc. Looks anæmic, and presents a pale, waxy color. Says that he first felt pain in left side of abdomen, and first noticed enlargement on that side just after harvest. He says that this enlargement gradually increased, until it now covers whole anterior part of abdomen. He also stated that a physician had been consulted two or three times, who prescribed, and told him the trouble was "biliousness." Has been confined to room about two weeks. Previous health good. Had an abscess over hip about ten years ago. Parents both died when he was quite young. Does not know of what disease. Has no brothers or sisters living that he knows. Knows of no hereditary disease among his ancestors. Married and has six children living. None dead. Has been in the habit of drinking liquor. Circulation, 90; respiration, 28—more frequent when lying down; inspiration same duration as expiration; auscultation and percussion reveal no disease in viscera of thorax. Tongue moist and clean; deeper red than normal. Bowels constipated. Inspection of abdomen reveals a nodulated enlargement, or tumor, covering the whole anterior part, so that limits of dullness of abdominal viscera can not be determined. Different positions of patient do not seem to change the shape or location of enlargement. Urine darker than normal. No trouble about voiding it. Not analyzed.

Diagnosis.—An extensive pathological growth, or abdominal tumor, producing anæmia, obstruction to action of bowels, impediment to respiration, etc. The growth probably cancerous.

Prognosis.—A fatal termination, certainly, unless tumor should prove benign, and a very doubtful case at all events.

Treatment:

R_x. Amm. Hydrochl. (pulv.) . . . ʒj.
 Tr. Ferri Chlorid, . . . f. ʒss.
 Tr. Nucis. Vom., . . . gt. xL.
 Aquæ Puræ, q. s. to make . . . f. ʒij.

A teaspoonful of this mixture to be given every four hours. Also

R_x. Hydrate of Chloral, . . . ʒiv.
 Bromid. Potas., . . . ʒij.
 Aquæ Puræ q. s. to make . . . f. ʒij.

Teaspoonful to be given every four hours, unless pain is relieved entirely.

Ordered enema to move bowels, also milk and animal broth per orem at least four times per day.

October 8.—Circulation, 90; respiration, 30. Added quinia to tonic in three-grain doses, and $\frac{1}{8}$ -grain doses of morphia to anodyne.

October 10.—Circulation, 96; respiration, 30. Patient resting very nicely. There seems to be a pointing of the tumor above the umbilicus, presenting a protuberance about the circumference and (vertically) half the diameter of a hen's egg. No fluctuation, but somewhat elastic. Added fl. ex. of lactucarium to anodyne, and ordered a tobacco poultice over tumor.

October 13.—Patient complains of pain unless under influence of anodyne. Introduced hypodermic needle into protuberance to explore. Drew out a few drops of thick, dark-red substance resembling coagulated blood. Continued same treatment.

October 20.—Respiration, 38; circulation, 108. Patient failing in strength. No appetite. Dyspnœa somewhat relieved by sitting posture. Added whisky to treatment.

Oct. 24.—Messenger reported that patient has diarrhea and vomiting. Death occurred about noon.

Autopsy twenty-two hours after death. Assisted by Dr. Wiseman. No rigidity of muscles of extremities, and only slightly those of abdomen. Decomposition commencing. Surface presents about the same color as described at first examination, with a deeper icteric tint, except abdomen, which shows somewhat livid.

First incision from middle of sternal bone to symphysis pubis. No subcutaneous fat. Muscles much attenuated. No adipose fat. Second incision at right angles to first, just below umbilicus. About a pint of slightly amber-colored fluid in peritoneal sac. Nearly the whole of greater omentum contained a deposit of dark ovoid cells, or nodules, so thickly infiltrated as to destroy the normal outline of the membrane. Specimen will be presented to the Society for inspection. Kidneys normal. Spleen slightly congested. Stomach and intestines normal in structure; crowded backward from natural position. Bladder partly filled with urine; pressed downward and flattened.

The liver occupied nearly the whole anterior part of

abdominal cavity. Nearly the whole surface studded with nodules from the size of a very small pea to those having an irregular circumference of six or seven inches. The larger nodules umbilicated. Incisions show that the nodules are infiltrated through the substance so as to destroy the normal structure of the liver in every lobe. Gall bladder contains about an ounce of bile. The ductus communis C obstructed; probably recent. The enlargement has completely obliterated the notch, and depression between the right and left lobes. Weight $12\frac{1}{2}$ pounds, or nearly 6 K. G. We also present this whole pathological structure to the Society for examination. The large protuberance did not exist on the surface of abdomen after death, and I can not account for it, unless one of the larger nodules was in a position to press outward at that particular place.

SELECTIONS.

Letter from Washington—A Day with Guiteau.

TO THE EDITOR OF THE MEDICAL RECORD.

SIR: We arrived early Thursday morning, and drove at once to the Tremont House, where Mr. Scoville boards. Our cards were sent up. While I was waiting in the office, a small, neatly dressed man came up to me and said his name was Guiteau, and that Mr. Scoville would be down soon. Having associated the name of Guiteau with everything grim and demoniacal, it was something of a shock to find so inoffensive-appearing an individual presenting it. The gentleman was Mr. J. W. Guiteau. He appears like a polite and "every-day young man"—nothing more. Mr. Scoville soon came in. He is gray and bald, but vigorous in manner, and shows no signs of age. His face is somewhat pale and his eyes red, as though from over-use. He talked to us very freely about the trial. He was very sanguine, and expects to convince some of the jury at least that Guiteau is insane. He referred to the unfavorable comments made upon his hypothetical question. He said, however, that he put in it only what he expected, and was really

obliged to prove before the jury. He thought he could convince the jury of the truth of most of his assumptions. Speaking of his not cross-questioning the first experts for the defense—*i. e.*, Drs. Godding, Nichols, Folsom, and others—he said that he expected to be able to prove by cross-examining the experts for the defense all the points necessary. Mr. Scoville, at the early part of the trial, thought that almost all of the experts would come over to his side. He was too optimistic, however. He discussed the conduct of the Government experts very freely, though not unkindly. They had met, and had finally all agreed to go over to the prosecution, and stand by each other, as it was, in a measure, their interest to do, being all asylum superintendents. It was a kind of “psychological contagion of non-expertness,” as Dr. Beard had called it. This is hardly a fair way to put it, I think, as some had undoubtedly made up their minds independently before or after arrival at Washington.

Mr. Scoville referred to Dr. Hamilton’s testimony as being unnecessarily positive in character. He showed us the measurements of Guiteau’s cranium, as made by that witness. They were taken in the usual way; but it so happened that the configurations of the median line, of the auriculo-bregmatic line, and of the circumference just above the external angular process, do not show the irregularities as they really exist, but only a slight bulging on the right side. I enclose them here for your use, if you wish. The fact is, that there is a decided bulging near the left parietal eminence (the posterior vertical line, described by Topinard, would pass through it), and a depression almost corresponding on the right side. I examined the cast of the head carefully. It does not show the irregularities so well as the head itself, but one can see an obliquely directed ridge of bone passing from about the left parietal eminence backward, downward, and toward the right till it reaches the vicinity of the right ear. This ridge is two or three inches wide. Most of it is on the left side, and it makes the skull noticeably asymmetrical. I took a strip of lead and adapted it to a line on the skull, passing from the left ear over the occiput to the right ear. In this way I got a trustworthy tracing, proving in quite a striking manner the degree of asymmetry of the skull. I also saw a tracing made by

the hatter. But this configuration is too low down to indicate anything. A tracing made at about the same height by Dr. Hamilton shows only a slight bulging on the right side. Another circumferential measurement made parallel to the alveolo-condyloid plane, about one inch lower than the bregma, just above the frontal prominences, shows better than any other the apparent fact that there is less brain on the right than the left side. This, combined with the deficient innervation of the left side of the face, and the turning of the tongue to the left, may or may not indicate something. Most likely the facts are of no importance at all.

We went up to the court-house, and I obtained a seat close by the dock, so near that I could touch the prisoner as he sat there. I was not rid of the idea that something massively brutal and fiendish was to be expected in the appearance of President Garfield's assassin. There was consequently a mixture of surprise and disappointment on first seeing the prisoner. He is a puny, white-faced, insignificant little fellow, with a peculiar look in his eyes, and a rather anxious expression on his face. He sat down in the dock, but at once began an appeal to the judge to have his usual guard of policemen. I watched him narrowly for the two hours ensuing. He seemed to be in a state of nervous tension all the time, with his mind keenly awake to every incident of the trial. He did not seem to be feigning anything, but he did appear annoyed and anxious at times. He read the newspapers; there is no doubt of that, for I could see his eyes move from time to time. It is a mistake to suppose that his interruptions are all well-timed and useful to himself. He exults when a point is made for him, and loses no chance of getting a hit at Corkhill or Porter; but he abused his counsel roundly for putting in a letter applying to Cameron for \$500—a letter which, if sincerely written, is a most extraordinary document. There is nothing like a circus display in the court-room, as has been intimated; but there is not unfrequently slight laughter at the remarks of the prisoner. It is difficult to conceive the intensity and bitterness of feeling against Guiteau shown by the prosecuting attorneys. Corkhill seems to be in a state of constant irritation toward him; Judge Porter never interposes a remark without attempting some dramatic effect for the benefit of the jury. Mr.

Davidge and Judge Cox are more fair. On the other side, Mr. Scoville battles away, doing his best, and doing very well. He refuses to be imposed upon, and is showing a better appreciation of the points that he must make as the trial proceeds. He is profoundly convinced of the insanity of Guiteau, and appears to be only amused at the abuse heaped upon him. Mr. Reed is a sharp lawyer, but not an extraordinary or particularly brilliant one. I doubt if he has a very great knowledge of insanity in any of its relations.

It is apparent, on the whole, that the prosecution is working its very utmost—not to discover the real mental condition of Guiteau, but to have him hung as soon as possible. On the other hand, the defense tries simply to convince the jury that Guiteau was insane on the second of July, and did not at that time know the difference between right and wrong. Of course, to one looking at the matter from a scientific point of view, the whole trial is a ridiculous farce. Bitterness and passion are at the bottom, and reason is used only in so far as it helps on the desires of the heart. The minds of the Washingtonians are drenched with this same hate of Guiteau. I met no one, male or female, who was able to discuss the question of Guiteau's sanity without interjecting a wish that he should be hung. It is possible that the experts felt somewhat the influence of this feeling. In those whom I heard examined there is no question that they strained a little in order to increase the effect of their testimony. Thus, one gentleman, Dr. Kempster, testified in a way which would lead the listener to think that heredity was a very insignificant element in the causation of insanity. An impression was also given that delusions of "inspiration" came always through suggestions from without, and were rapid and instantaneous in their development and action. A few of the experts testified to a belief in Guiteau's feigning. I can understand how such a suspicion would arise, but I could not convince myself that it was a fact. Guiteau is certainly sane enough now not to want to be hung, and he tries in an anxious and blundering way to help his cause. It is plain, I think, that his case would be better, on the whole, if he had kept still. I would not wish to intimate that the experts for the defense are not perfectly sincere in the views they testify to. But it

seems to me that it would be almost impossible to live in Washington for five weeks and not catch some of the sanguinary spirit afloat there.

The real issue of course is: Is Guiteau insane? The methods used in the trial to obtain a settlement of that question are to the last degree farcical. The experts are used by the lawyers simply to serve their ends; and opinions or views that would not be likely to affect the jury are treated with indifference.

After the close of the afternoon session we took a carriage and drove over to the jail, where we were conducted to Guiteau's cell. This is the last of a long row of cells, and the largest and best of them. Guiteau was seated at a table, engaged in his never-ending writing. He rose to receive us, and said he was rather busy, but would be willing to talk to us. He has been rather over-interviewed, and does not enjoy it as he once did. However, he treated us courteously, offered us seats, and answered our questions, for the most part, in a mild and pleasant tone of voice. My companion asked him if he was a Christian. "Yes," he said, "I hope so—indeed, I know so—of course." We questioned him about his inspiration. He thought it was like that of the apostles. He thought his book "Truth" was inspired, just as the Bible was. He told us about the hard work he had put upon it. The book is out of print now. I asked him if he thought, supposing he were let out, that he would be liable to have an inspiration again like that which caused the assassination. "No," he said, "of course not; I don't wish to talk about that." He got a little surly, and again a little excited, when talking about public opinion, which, he was convinced, was turning in his favor. He dwelt upon this a great deal. I asked him what his feelings were after he removed the President. He said that after he had been safely placed in jail, he never felt happier in his life. He was pleased and satisfied with the progress of the trial, and did not allow it to worry him after he got back to jail. I imagine that it did worry him a little, however. He said he did not sleep very well; he slept for about four hours, then awoke and dozed irregularly until morning. Guiteau's face is pale; his eyes have a peculiar look, to which I have referred, and which is due, in part, to the white and almost cedematous lids, reddened margins, and suffused conjunctiva.

The tongue, when protruded, turns very noticeably to the left—not only the tip, but the whole organ. The experts have stated that this is not rare or unusual. It so happens that in my experience I have never seen a tongue so deviated in a healthy person; hence, I was struck by it. There is a vertical furrow on the right side of the forehead, but none on the left. Of the two furrows on each side of the mouth, that on the left is deeper. The left eye, that is, its palpebral fissure, seems smaller. By watching very closely, one can notice a slightly less active movement of the muscles of the left side of the face. This is very slight indeed. In smiling, the lips appeared to be drawn out symmetrically. On the whole, the evidences of physical defect in Guiteau are slight.

Guiteau's appearance was mild and inoffensive. I could hardly realize that I was standing in the presence of a person who had done an act which aroused a great nation, altered so many destinies, and turned the eyes of the whole world upon him; a man who, if sane, is a greater monster than ever was conceived by the weirdest imagination of Sue or Dumas.

I went to Washington thinking that society ought to consider Guiteau a sane man. It is difficult not to feel now that the theory that he is insane best harmonizes and makes clear his actions. If I were an expert (which I am not) and obliged to testify, I would say that I did not know—a position at once safe, scientific, and impregnable.

Yours, etc.,

C. L. D.

NEW YORK, *December 31, 1881.*

New York Academy of Medicine.

Stated Meeting, December 15, 1881.

TRANSIENT ALBUMINURIA AS IT OCCURS, PARTICULARLY IN CHILDREN AND ADOLESCENTS, IN APPARENT HEALTH.

DR. FRANK P. KINNICUTT read a paper on the above subject, in which he first alluded to the practical importance of the occurrence of transient albuminuria, to which especial attention had been directed during the past few years by Sir William Gull, George Johnson, Saundby, Moxon, and others, and then gave a resume of

the various theories which, from time to time, have been offered in explanation of this phenomenon.

That which the author of the paper suggested as the most probable was the following: The transient albuminuria in persons apparently healthy is due to slowing of the blood-current in the glomerular vessels, dependent upon temporary vaso-motor disturbances, with alteration, also temporary, in the glomerular epithelium. He farther believed that the real source of irritation was to be found in the temporary presence of imperfectly oxygenized matters in the renal circulation—in other words, transient oxaluria and lithuria.

Dr. Kinnicutt then reviewed the cases of transient albuminuria which have been reported by various observers. In 1873, Sir William Gull said that, in his experience, it occurred in young, growing men and boys almost as frequently as spermatorrhœa. In 1878, Moxon, in "Guy's Hospital Reports," reported nineteen cases. Dr. Clement Dukes, in the *British Medical Journal*, November, 1878, reported several cases, which, in many respects, differed from those given by Dr. Moxon; and in the same journal for November 10, 1881, Dukes had reversed his opinion, and stated that he regarded albuminuria as evidence of true Bright's disease. Dr. George Johnson also, in the *British Medical Journal*, had directed attention to the question of temporary albuminuria, and had expressed the opinion that the smallest trace was always pathological and never physiological. Reference was also made to cases reported by Saundby, of Manchester, and others.

Dr. Kinnicutt then gave a brief sketch of each of his own cases. The first three patients were young men, aged twenty-three, twenty-one, and seventeen respectively. In each case there was a large amount of albumen found in the urine, together with oxalate of lime and uric acid crystals. The chief subjective symptoms were: sense of weariness, lassitude, inaptitude for either mental or physical labor, headache slightly in the morning, impairment of appetite, etc. Exercise in the open air and mineral waters were prescribed, together with regulation of diet, occupation and habits, and both the subjective and the urinary symptoms disappeared permanently. The histories of several other cases were given, occurring in patients whose ages varied from five to twenty-two.

His own observations seemed to show that temporary albuminuria, as it occurs in children and adolescents in apparent health, may be traced, in a large number of instances, to a transient oxaluria or lithuria; and he suggested that the sequence of events in the causation of the albuminuria is as follows:

First.—The temporary presence of a large amount of imperfectly oxygenated matter in the circulation.

Second.—Disturbances of the general nervous system, in which the vaso-motor system of the kidney shares, or one confined to the vaso-motor system of the kidney in its elimination of these products of a faulty digestion.

Third.—A transient dilatation of blood-vessels in the kidney, and a retardation of the blood-current in the glomerular vessels, with possibly consequent alteration in the functions of the glomerular epithelium, also of a temporary nature.

The paper being before the academy for discussion, Dr. William H. Draper spoke as follows: It seems to me, Mr. President, that Dr. Kinnicutt's interesting paper presents two or three points which are especially worthy of consideration. The first of these is the question as to the essential cause of albuminuria. Dr. Kinnicutt has considered this question very fully, and we find that there are various opinions held as to the essential cause of the transudation of blood-serum into the urine. I think that it must be evident to any one who has had much clinical experience, that the theory of blood-pressure is not sufficient to explain the presence of albumen in the urine; for it is certain that we find in health very great variations in blood-pressure, which are not followed by the presence of albumen in the urine. The variation in the quantity of urine in health is considerable, and such variation must coincide with the variations in blood-pressure in the kidney. Again, if transudation were dependent solely upon blood-pressure, I think we should find, in those diseases in which blood-pressure is seriously altered, the presence of albumen in the urine much more constant than it is. We know, for example, that in a contracted kidney, in which we commonly have hypertrophy of the heart, and in which there is a great arterial tension, the presence of albumen in the urine is by no means constant. When albumen does present itself, we also know that it is transient, and in small quantities.

Then, if we take diseases of the heart in which there is obstruction to the return circulation, where the blood-pressure is sometimes very much reduced, and possibly there is congestion of viscera, I am quite certain, from a considerable experience, that the presence of albumen in the urine, under these circumstances, is a very variable phenomenon. You will find, sometimes, that there is considerable congestion of the lungs and a well-marked systemic congestion, and, at the same time, there is no albumen in the urine. It seems to me that hyperæmia alone, whether active or passive, fluxionary or dependent upon venous obstruction, is not a sufficient explanation of the presence of albumen in the urine. I believe that we must invoke some other condition to explain this phenomena. Dr. Kinnicutt, in his paper, alludes to the opinion expressed by German observers, and pretty generally accepted, that albuminous transudation does not take place in the kidney, unless there is destruction or deterioration of glandular epithelium. We know very well, that in the chronic Bright's diseases, especially in the parenchymatous varieties, in which the presence of albumen is most constant and most pronounced, the glandular epithelium is degenerated, and, to a very considerable extent, in the later stages of the disease, destroyed. These diseases, therefore, would seem to furnish proof that this condition is one favorable for the transudation of blood-serum. There is another condition, however, and it is one Dr. Kinnicutt has dwelt upon, which by itself, or, perhaps, by inducing the changes in the glandular epithelium, may give rise to the presence of albumen in the urine. There can be no doubt as to the association of urates and crystals of uric acid and oxalate of lime in the cases of transient albuminuria occurring in adolescents and children; and it seems to me, that if we consider some of the morbid conditions in which albumen is found in the urine, we shall find them corroborative of this suggestion, that the presence of imperfectly oxidized material in the blood may give rise to albuminuria. It is a common observation that the urine of persons suffering from fever may contain albumen. I think it is the rule in pneumonia to find a certain quantity of albumen in the urine; certainly, in typhus fever it is present almost invariably; also, it may exist in typhoid, and, in fact, whenever we have high

temperature and rapid emaciation, and the blood is necessarily loaded with the debris, so to speak, which results from rapid metamorphosis of tissue. Here, then, we have not only the condition spoken of as essential to the presence of albumen—hyperæmia of the kidney—but we have hyperæmia combined with the presence in the blood of considerable irritative matter.

As to the vaso-motor theory, which is the most popular just at the present time, whether it is sufficient to explain the presence of albuminuria in children and in adolescents, I do not know. There is one question which certainly will suggest itself in considering this theory, and it is this: Why, if the imperfectly oxygenized nitrogenous matters produce this temporary albuminuria, by giving rise to vaso-motor paralysis in the kidney, should it occur so seldom, considering the great frequency of such changes in the urine? I suppose all of us have, more or less, lithæmia, and pass urine which contains lithates in abnormal quantity; and yet, I am sure, the occurrence of albuminuria under these circumstances is, to say the least, in adults, and also in adolescents and young children, not a common event. Why is it that in a few cases these changes produce vaso-motor paralysis, while in a great majority of cases such a condition is not produced? You may say that it depends upon a certain vulnerability of the kidney in different persons. This also is a convenient theory. It is true that the skin is vulnerable in some people, and the mucous membranes or kidneys in others; and it is possible that this is a reasonable explanation, but still it does not seem to me altogether satisfactory.

There is one other point to which I will direct attention, and that is the general significance of albuminuria. We have seen, from the cases presented by Dr. Kinnicutt, that albumen in large quantities has appeared in the urine of young children and adolescents, and it has seemingly been a very innocent circumstance. It may be so. I have no doubt that in his cases it was so; but, at the same time, I think it always suggests suspicion of possible kidney disease. I do not believe that it is safe, under any circumstances, where it has occurred not to look upon it with a certain amount of suspicion and interest; but I believe that if we regard this symptom as we should, as only a single one, and if we study it as we

should in connection with other evidence of disease, we shall not often go astray in our appreciation of its true significance. We all know that a heart-murmur is not necessarily an indication of organic valvular disease; and in making this statement I do not allude simply to the ordinary blood-murmurs, but to murmurs which are not to be explained in this manner. By this I mean to say that we do not always consider them sufficient evidence of the existence of organic valvular disease. We should always consider the murmur in connection with other symptoms. So, I think, albuminuria should never be considered by itself, and a false significance attached to it possibly by considering it alone. This leads me to remark, that the only safe, sure and certain way of appreciating the proper significance of the presence of albumen in the urine, is to consider it in connection with an estimation of the functional power of the kidney. We may have transient albuminuria not significant of structural disease, or, at least, only temporary change; or we may have transient albuminuria significant of organic disease, the latter being the rule in the history of the contracted kidney; and, in order to estimate the true value of the albuminuria in both instances, we must estimate the functional power of the kidney. This we can do by estimating the daily quantity of urine and its solids, and in this way avoid error in our appreciation of the significance of the presence of albumen in the urine.

Dr. A. Jacobi: I had the opportunity, Mr. President, to hear only a part of Dr. Kinnicutt's paper, but from what I did hear, and from the general remarks made by Dr. Draper, I have been led to understand that albumen can show itself temporarily in the urine of children and adolescents in apparent health. I should say, from a general point of view, that when albumen appears in the urine, it is due either to a fault of the blood, or to a fault of the muscular apparatus propelling the blood, or to a faulty condition of the blood-vessels, or to a condition of the kidneys. With regard to the blood, I do not believe that it has anything to do with it; as we know that its condition has nothing to do with hemorrhages, which are always due to changes in the blood-vessels or of the heart, or, perhaps, are due to innervation. I shall add nothing to what I have heard already, except one

point, which has, I think, not been alluded to in the etiology of temporary albuminuria; and that is, the condition of the blood-vessels in certain cases. I have seen two patients in whom I have found well-marked albuminuria associated with disease of the blood-vessels. In one instance of hæmoglobinuria occurring in an adult man, who had always been well, but had been exposed for one or two days to cold and wet, it was suddenly noticed that the urine was dark-colored, and it soon became absolutely black. This condition of things passed away in about a week. Some weeks afterward the same thing occurred again, and the patient lost a considerable quantity of blood. The same condition of his urine appeared a number of times at varying intervals. Nothing was necessary to bring the hæmaturia on, except exposure to cold air or rain. I found a number of times when he was apparently well, that his urine showed the presence of albumen, and, at the same time, there was no blood or pus in it. In this case, I regarded the presence of albumen in the urine as certainly due to the diseased condition of the blood-vessels, and primarily so. Cases of this kind have to be explained by the faulty condition of the blood-vessels, in the same way as do certain cases of purpura, or morbus maculosus. A girl, seven or eight years of age, came under my observation, who had been the subject of purpura a number of years. It was not known that she had been a bleeder from birth, nor was there any history of hæmophilia in the family. Purpura first developed at three or four years of age, and with her was quite a common occurrence. She had as many as two or three attacks in the course of a year. Sometimes the quantity of blood lost would be very slight, at other times larger; sometimes the attack would last a week, at other times three or four days, and be attended with the appearance of albumen, without blood or pus, in the urine. It was usually not long after an attack of purpura before she was fully recovered; and when well, there was no blood or albumen to be found in the urine. I judge, from two such cases, that one of the causes of temporary albuminuria is a defective condition of the blood-vessels, which favors the occurrence of hemorrhage; and where there is no hemorrhage, a condition remains sufficient to allow the serum to ooze through the walls of the vessels. This temporary albuminuria should not be

overlooked, and I think that in a few cases it will be found complicated with a tendency to morbus maculosus. With reference to the literature of the subject, I would direct attention to a most valuable article, written by Dr. Ellis, of Harvard College, and published in the *Boston Medical and Surgical Journal*, which contains complete references to everything that has been written upon this subject, up to the date of its publication.

Dr. William H. Thomson: I am not aware, Mr. President, of having made any observations which will quite illustrate the particular class of cases referred to in Dr. Kinnicutt's interesting paper; but I may say that I have had a number of cases of transient albuminuria occurring among children, several of whom I watched carefully, and in which I ascribed the condition exclusively to malarial attacks. I was led to this conclusion first, by observing a case of intermittent hæmaturia occurring in a child three years of age. There was no evidence of purpura, and the hæmaturia lasted two or three weeks, and then distinct symptoms of intermittent fever developed. The intermittent hæmaturia disappeared entirely, but for two years afterward albuminuria made its appearance now and then, and promptly yielded to the administration of quinine. This case led me to examine the urine in others where I suspected malarial infection, and I could produce the notes of at least twelve cases, occurring among children, where there was no hæmaturia, and yet where there was albuminuria; and I have regarded it as temporary, due to a transient renal congestion produced by a malarial affection. My attention at that time had not been especially directed to one of the causes which Dr. Kinnicutt has mentioned, and it may be said that the albuminuria and the hæmaturia in these cases were the result of considerable lithuria, as we all know that that condition is exceedingly common in children from three to ten years of age; but if transient albuminuria is a frequent accompaniment of lithuria, I should regard it as due to a temporary tubal catarrh, produced by local irritation from crystals of oxalate of lime and uric acid, which are of themselves necessarily irritant, rather than to bring in the hypothetical view that it depends upon some affection of the vaso-motor system of nerves. I was very much interested in the paper, and, at the same time, it has served to deepen an impression

which has been growing in my mind for a number of years—which is, that we do not know what the causes of albuminuria are, in the sense of being able to reduce them to one or two principles; that we are constantly brought in contact with cases in which albuminuria occurs without any of the causes which are ordinarily supposed to operate in its production; and, also, we are as constantly brought face to face with exceedingly serious and fatal disorders of the kidney, in which albuminuria has never been a prominent feature of the disease. I say never advisedly. I will mention in illustration two such cases of an opposite kind. In one of them there was transient albuminuria, which afterward became permanent. It occurred in the practice of Dr. Mourraille, by whom I was called to see the patient, in consultation with Professor Flint. A gentleman, about sixty years of age, awakened one night in the summer, suffering from a severe attack of dyspnœa. The attending physician examined the patient's urine, and found it highly albuminous. The doctor then stated that he had attended this gentleman for some weeks, during which time there was albumen in the urine, but that it gradually decreased in quantity, and then entirely disappeared. On one occasion the urine was examined and no albumen was found, and within half an hour the patient had a severe attack of dyspnœa. It was then again examined, and was found to be exceedingly albuminous. Dr. Flint and myself both agreed that the dyspnœa was uræmic in character; and each of us thought it most likely that the patient had had renal disease for some time without being aware of it, and that this was a transient exacerbation, which finally disappeared and then recurred. But I was struck with the fact that there was no tension of the pulse, no change in the condition of the arteries; but that they were much softer than they commonly are in persons of that age. I watched the case very carefully, and the albumen disappeared in the course of eight days. The urine had been examined carefully and repeatedly, and I had made several examinations of it myself; and yet, within ten hours from the last which I had made, I was called to see the patient in an attack of severe dyspnœa, which was followed by free pleuritic effusion on the right side. Here we had all the symptoms of uræmic dyspnœa and albuminuria developed, at one time, within a half

hour; and then intermittent attacks of dyspnœa occurred, and finally a severe attack, with effusion into the pleuritic cavity, and albuminuria within *ten* hours of the last examination of the urine. Finally the albuminuria became permanent, with abundant epithelial and fatty casts, and in the course of eighteen months the patient died, with all the symptoms of chronic Bright's disease.

On the other hand, occurs a case within the present year. A young married lady, always perfectly healthy, became pregnant. The pregnancy progressed without any of the ordinary symptoms. At the end of the six month I began to examine the urine, and found no changes in it, either chemically or microscopically, up to the close of the seventh month and the beginning of the eighth, when I discovered that the specific gravity was falling, while the urine was abundant in quantity. The specific gravity fell from the normal, until it reached 1,010-8-6-4, and yet there was not the slightest trace of albumen. The only other peculiar physical appearance it presented was the absence of color. The simple fact of the diminished specific gravity, made me very apprehensive of an unfavorable termination of the case, and I felt that I should, perhaps, bring on premature labor. The only symptoms from which the patient suffered were slight headaches in the morning, and occasionally some nervousness, but not at all marked. I was called one morning, suddenly, to see this patient in a convulsion, which killed her at once. Not a trace of albumen was found in the urine from the beginning to the end of the case, although daily examinations were made for a month. There were no casts. The only changes in the urine were the lowered specific gravity and the absence of color; and yet the condition was one in which we would very naturally expect albumen in the urine to be present, due to pressure upon the return circulation incident to pregnancy. I mean, therefore, this: a case like the first, that in which a man suffered from attacks of extreme dyspnœa, with transient albuminuria, the attacks of dyspnœa recurring, and the transient albuminuria finally becoming permanent and associated with disorganization of the kidney; and a case like the second, in which a condition occurs which, in accordance with the mechanical theory, is supposed to be dependent upon pressure, and yet there is no albuminuria whatever, only sustains me in the belief

that we have not yet reached the ultimate cause of albumen in the urine. In both of these cases we have theories contradicted by clinical experience; and, hence, I do not see that we have yet a single explanation of albuminuria which is satisfactory in anything more than a certain proportion of cases. On that account none of our hypotheses rise higher than mere hypotheses, else we should not have these extraordinary exceptions to them. I do not see how we can appeal to vaso-motor paralysis, either transient or permanent, to explain the presence of albumen in the urine; for we have many cases of vaso-motor paralysis in which there is no albumen in the urine. So, again, with regard to increased blood-pressure: when it is presented to us in its typical form, in the high tension of the pulse in the granular kidney, it is usually not accompanied with albuminuria, but the reverse.

Dr. E. C. Seguin, in support of the theory advanced by Dr. Kinnicutt, that uric acid and oxalate of lime and urates produce irritation of the kidney, and in a reflex way cause vaso-motor paralysis of the associated vascular system of the organ, referred to a classical experiment performed by Ranvier, twelve years ago. It consisted in tying the vena cava ascendens of a dog, following which there was no œdema observed in the lower extremities. He then cut the sciatic nerve on one side, and there ensued an œdema of the paralyzed member, the other limb remaining normal. This experiment would go to show that a vaso-motor paralysis was necessary to transudation of the liquid elements of the blood into the tissues. The same result has also been obtained in attempting to produce Basedow's disease experimentally. It was found that neither ligation of the internal jugular veins, nor yet section of the sympathetic nerve, when done separately, produced it; but it was left for a pupil of Donders, Boddaert in 1872, to show that by a combination of the two operations a very remarkable resemblance of the disease is produced, including projection of the eyeball. If now we take into consideration, on the one hand, the clinical points in connection with the contracted kidney, as well brought out by Dr. Draper, the high arterial tension, which is characteristic and yet no transudation of the albumen; and, on the other hand, the fact that where blood-tension is lowered from renal

or general disease, and albuminuria exists, these two sets of facts, with the experiments above referred to, rally considerably in support of Dr. Kinnicutt's explanation, and do not interfere with that given by Dr. Jacobi. It may be that the lesion of the blood-vessels, to which he refers as the cause of the transudation, is relaxation and separation of their muscular cells through vaso-motor paralysis.

Dr. E. Bradley referred to cases of temporary albuminuria occurring in young persons addicted to the excessive use of cigarettes.

Dr. Jacobi: I did not mean to say that my explanation was for every case. It was simply put forward as one of the causes of albuminuria.

Dr. Kinnicutt, in closing the discussion, said he had endeavored to show in his paper that albuminuria could not be explained on the ground either of high or low arterial tension alone. He had also endeavored to show that filtration of albumen through an animal membrane is a comparatively slow process; that a condition of such filtration is, that the albumen remains a comparatively long time in contact with the wall of the vessel, and such prolonged contact can be obtained only by retardation of the blood-current. He had suggested that such retardation was brought about by disturbance of the vaso-motor system within the kidney. He also stated that he did not claim that his explanation was sufficient for all cases of albuminuria occurring in children and adolescents; he believed that its more frequent occurrence then, than at a later period of life, was due to the greater mobility of the nervous system which obtained at these periods. The explanation asked by Drs. Draper and Thomson, of the occurrence of a temporary albuminuria in only a small proportion of cases of lithæmia in children and adolescents, he thought might be found in the supposition of an *individual* mobility of the nervous system in such cases. In this connection, he would ask them the explanation of the comparative infrequency of general nervous symptoms in cases of lithæmia—symptoms which were well recognized as occurring in a certain number of such cases. Again, why it was that one individual developed an eczema or an urticaria, and another an affection of the mucous membranes under such circumstances?

The absence of structural change in the glandular

epithelium, it seemed to him, was demonstrated by the very transient nature of the albuminuria in the cases which he had observed and reported. He had suggested, as one of the factors in its production, a *temporary disturbed nutrition* of the epithelium, dependent upon altered nutrition, also of a temporary nature. If Nussbaum's conclusions were accepted, and they had been reached by a careful series of experiments, that the glomerular vessels were the seat of the transudation of albumen, then the suggestion offered by Dr. Thomson, that in these cases there is transient tubal catarrh, would not apply. Dr. Thomson had also spoken of the absence of albuminuria in the case of ophthalmic goitre. A number of cases, however, had been observed, in which the albuminuria had only appeared with the development of this affection, disappearing with its cessation. To determine whether albuminuria was present or not in a case of exophthalmic goitre, it was necessary to examine the urine not only every day, but at different times in the same day, as in the cases reported. The fact had been brought out very prominently that a great variation in its occurrence was the rule. Cases of this kind had been reported by Dr. Begbie, and corroborated by Dr. George Johnson. —*Med. Record.*

Antiseptics in Ovariectomy.

DR. KEITH and Dr. Bantock, of London, have both renounced the use of the spray in ovariectomy, and returned to the old system, pure and simple, with the best results (*Lancet*, Sept. 24, 1881). The latter observes:

"If we are to accept the experiments of Mikuliez, the spray must be injurious, inasmuch as he has found that the spray contains four times as many bacteria as the undisturbed air of the room, and that as these bacteria are dry and not in a state to be acted upon by the carbolic acid, they thus gain access to the peritoneal cavity uninjured and ready for their dire work. But we may rest in peace on this account, seeing that the living tissues are able effectively to dispose of them provided they be deprived of appropriate nidus by using a drainage-tube."

The drainage-tube is thus a necessity in those cases

where the spray is used, whereas it may be dispensed with in many where it is not employed.

THE ANTISEPTIC TREATMENT OF WOUNDS IN WAR.

This was the subject of a paper read before the International Medical Congress, by Surgeon-Major H. F. L. Melladew, M. D. This paper was chiefly founded on the reports made by surgeons who had served in the Russo-Turkish war. The more rigorously antiseptic principles were followed out on the field of battle, at the dressing stations, and at the hospitals, the better were the results. The work of the surgeon was much simplified, for there was no necessity for frequent renewal of the dressings, and more time could be given to the severe cases. The wounded could be more rapidly removed, and were carried to the rear of the battle-field, and, if thought advisable, to their homes, in much more favorable conditions than under the ordinary plans. Convalescence was much more rapid. The author quoted the authority of Reyher, Cassimerer, Pirogoff, and other surgeons, in favor of the use of antiseptics in war. Bergmann had successfully treated gunshot fractures of the knee by at once washing the limb with a solution of carbolic acid, and then wrapping it in cotton dipped in a solution of salicylic acid (10 per cent.). This cotton was covered in with gutta-percha, and the limb was rendered immovable by plaster-of-Paris. In several of the cases, the wound was found to be healed the first time the dressing was removed. The author insisted on the importance of not attempting to examine the wound by the sound or the finger, and quoted Langenbeck in support of the principle, which was followed by most of the Russian surgeons in the war. The experience of the Russian surgeons had shown that septic wounds could be rendered aseptic, even though a fortnight had elapsed since their infliction. This had been proved by Cammerer at Plevna, and by Watraszewski in the Caucasus. In conclusion, Dr. Melladew described a packet of dressing which, he said, every soldier should carry sewn in his coat below the clavicle. He objected to metallic cases, because they might be injured by pressure, and if a ball struck them, they might act as foreign bodies. He recommended a case of linen impregnated with caoutchouc, containing a triangular bandage, a piece of antiseptic lint about eight inches long by three inches

wide, and a gauze bandage, one yard long, enclosed in parchment paper. The packet was very cheap, easily prepared, and small.

A SIMPLIFIED ANTISEPTIC DRESSING.

In the *Gaz. Med. de Strasbourg*, 1881, No. 3, E. Boeckel describes a modification of the antiseptic method of dressing wounds, which he claims to be cheaper, simpler, and more generally practicable than the "Listerian" method. The dressing used is red tarlatan cloth which has been steeped for eight days in a solution composed of

Ry.	Carbolic acid,	3 pts.
	Glycerine,	5 "
	Alcohol,	5 "
	Water,	50 "

in a tightly-covered vessel. In urgent cases, as in military practice, one or two hours' steeping might be enough. The cloth is applied wet, and just before being used is dipped into tepid water to get rid of the excess of acid. Boeckel seeks to obviate the irritating effects of the acid on the skin, and also the risk of carbolic poisoning, by interposing between the skin and the carbolized tissue a layer of tarlatan wetted with plain water. The margin of the dressing is rendered secure against admission of air by strips of wadding, the whole is covered with some impermeable material, and fixed with a firmly applied damp bandage. The impermeable material may be gutta-percha, paper, parchment paper, or oiled paper.

The spray is only used in operations when serous cavities or joints are opened. In other cases, frequent flushing of the wound with antiseptic fluid is considered sufficient.

The author used this in sixty consecutive cases of major operations—*e. g.*, amputations, excision, and incision of joints, and laparotomy, and among these were only two deaths, but in both cases the parts were "septic" before operation.

IODOFORM IN UNHEALTHY WOUNDS.

At the Surgical Congress held last spring, in Berlin, a discussion of the value of iodoform in surgery was an interesting feature. In Vienna, especially, the use of iodoform as a dressing of unhealthy wounds has long prevailed, but now it is used somewhat differently, and much

more thoroughly. In joint diseases, caries, cold abscesses, etc., the diseased bone, fungous granulations, and other abnormal tissues are removed with knife or curette, the cavity thoroughly washed out with carbolic acid or thymol, and *entirely filled* with iodoform. A usual dressing of gauze and Mackintosh is then applied over all, and the part immobilized by means of an organtine bandage. Unless the discharge soaks through the dressing it is not removed for one, two or even three weeks. The results obtained have been remarkably good, cases having been cured that would have been amputated under the older methods of treatment. The iodoform diminishes the secretion, prevents its decomposition, and prevents the formation of tubercle in the granulations or destroys them if they are already present. This specific local action on tuberculous granulations has been repeatedly observed, portions of the tissues being examined microscopically before and after its use. This may easily be observed where the granulations have not been first removed.

This observation of the action of iodoform upon tuberculous masses with which it is in contact, led to the trial, in Professor Billroth's clinic, of injecting an ethereal solution of iodoform into joints in the early stages of fungous inflammation, and into other suspected tuberculous swellings. A solution of iodoform in ether, one part to five, is injected with a hypodermic syringe directly into the joint or tumor in several places, one or two syringe-fuls being used. The ether is immediately absorbed, and the iodoform is left in substance in contact with the diseased tissues.—*Med. and Surg. Reporter*.

The Medical Uses of Carbolic Acid. The Antipyretic and Diaphoretic Action of the Acid and its Soda Salt.

M. RAYMOND read a paper on this subject at a recent meeting of the Societe de Biologie. The following abstract of the paper and of the discussion to which it gave rise, we take from *LePraticien*, of September 12:

M. Raymond's investigations had especial reference to the use of the carbol preparations in typhoid fever. He administered the acid in the dose of one gramme a day, half of which was given by enema, and the other half was made into three pills, which were taken at intervals

of some hours. The temperature usually fell several tenths of a degree during the first hour, and it often fell in a few hours three or four degrees. This depression of temperature, however, is only temporary; and, in order to be made efficacious, the medicine has to be repeated every day, without, however, any increase in the dose. Whenever as much as two grammes a day was employed, symptoms of poisoning supervened; such as black urine, extreme coldness, convulsive tremblings, etc.

By the advice of M. Velpeau, M. Raymond had also tried the carbolate of soda, in the dose of $1\frac{1}{2}$ grammes a day. The results were precisely similar to those obtained by the acid, and it had the advantage over the latter of being harmless. It was given in divided doses at intervals through the day. Simultaneously with the lowering of the temperature, carbolic acid produces in a short time a profuse diaphoresis; and the question suggested itself, whether the depression of temperature might not be due to this, rather than to any special and direct action of the carbolic acid on the heat formation. In order to decide this point, M. Raymond injected under the skin one-fourth of a milligramme of duboisine, and thus suppressed the perspiration; but the abatement of temperature occurred just as in other cases. The acid thus diminishes heat production and does not increase the heat loss to any great extent. It does not modify the course of typhoid fever.

In mild cases of erysipelas, carbolic acid, applied externally and used as an injection, answered well; but when the disease was of severe form, it was found to be without value.

The febrile movements of pulmonary tuberculosis are not modified by carbolic acid.

M. Hallopeau spoke very favorably of the action of carbolic acid in typhoid fever. He added, also, that in many cases of this disease, he had found alternate doses of salicylate of soda and quinia to exert a very decided antipyretic action.

[The translator has found that three or four 15 grain doses of salicylate of soda, at intervals of an hour, and followed an hour after the last dose by fifteen grains of quinine, exerts a most decided antipyretic action, and suggested this method of administration in the *Virginia Medical Monthly* for December, 1878.]

M. Dumontpellier said that the method of reducing the temperature by the application of cold externally, was far preferable, in his opinion, to the administration of carbolic acid; because the fall of temperature, when external cold was employed, was progressive and lasting.

M. Hanot reported two cases of typhoid fever, in which the administration of carbolic acid had a most favorable effect; in both, there was a reduction of more than three degrees in the temperature, and the patients were well—one in sixteen and the other in fourteen days. At the time of the defervescence of the fever, there was an eruption of vesico-pustules, in which the microscope showed myriads of bacteria.—*Va. Medical Monthly*.

Action of Iodoform in the Treatment of Wounds, and its Influence over Fungous Processes.

A PAPER with this title was read by Dr. Mikulitz before the k. k. Gesellschaft d. Aerzte, in Vienna, recently, and was subsequently published in the *Rundschau* for September, 1881.

Dr. M. had studied, in connection with Pannet, the antiseptic action of iodoform, and found that while the drug was not a very powerful antiseptic, its action was constant; and that, after the addition of some of the powder to urine, blood, or other discharges, decomposition did not take place, nor were any bacteria developed.

The mode of application is very simple. Fresh wounds, or those which had already undergone some change, as well as ulcers, abscess cavities, fistulous passages, etc., were sprinkled with the powder, over which was applied a simple bandage. The addition of one drop of oil of bergamot to ten grammes of iodoform greatly lessens the unpleasant odor. In certain cases it was found convenient to make little rods of gelatine, gum or cocoa butter, to which iodoform had been added in the proportion of one gramme of iodoform to ten of the vehicle; or, it might be dissolved in ethereal oil and injected into the tissues. The first method, however, is much the most convenient, and was the one usually employed.

The number of cases subjected to this treatment was nearly 200, and they were divisible into three categories:

1. Fresh wounds; 2. Wounds infected with septic matter; 3. Those having a tubercular basis, such as caries and fungous processes.

In the first class were included such wounds as those caused by castration, extirpation of tumors, and removal of the breast. In these cases there was no general reaction, no fever, very little swelling, never any decomposition of the secretions from the wounds, and, consequently, no danger of the absorption of septic matter. Healing took place rapidly.

By this simple method of treating wounds, Dr. M. thinks that military surgery will be robbed of many of its dangers and inconveniences. In wounds about the mouth, such as that caused by removal of a cancerous tongue, for instance; or wounds of the vagina or rectum, or such as communicate with the peritoneal cavity, a little bag of muslin filled with iodoform and placed over the wounded surface, will cause it to pursue an aseptic and non-febrile course. The same is true of ulcers and phagadenic processes. Most unexpected and favorable results have been obtained from the local use of iodoform in those diseased conditions having a tubercular origin. In caries of the joints with fungous granulations and fistulous passages of long standing, a complete cure was obtained by freely exposing the granulations, and then filling the cavity of the joint and the fistulous passages with pulverized iodoform. The action on the fungosities seems to be entirely a local one, and it is necessary that the powder be applied directly to the diseased surface. In one case, when death occurred from pulmonary tuberculosis during the treatment, it was found that new granulations were springing up near those which were destroyed by the iodoform.

Unfavorable results were obtained in two cases. These were delicate children who had suffered a long time from caries, who died with symptoms which were supposed to be due to poisoning by iodoform. They improved for three weeks and then were taken with prostration, great restlessness, loss of appetite, vomiting, dilated pupils and inability to stand, though there was no distinct paralysis. The autopsy gave a negative result; but Prof. Leyden found in certain organs a fluid containing iodine, which exerted a toxic action.—*Va. Medical Monthly.*

MICROSCOPY.

BLUE GLASS FOR TEST OBJECTS.—E. Mauier mounts diatoms intended as difficult tests on or under blue glass. The object is twofold: 1st, to render the image clearer by monochromatizing the light entering the objective. In this case it is the cover glass only which is blue, and it "has the effect of improving the often confused resolutions given by objectives whose chromatic aberration is badly corrected." 2d, by using blue glass for the slide, or for the bottom of the cells, the light reaches the object monochromatized, a plan which replaces the more inconvenient one with sulphate of copper. Stronger illumination, of course, is more necessary than with ordinary glass.

High Magnifying Powers.

[THE following, taken from the *American Jour. of Mic.*, expresses our own views so well that we copy it.—ED. MEDICAL. NEWS.]

A recent number of the *Journal of the Royal Microscopical Society* says: "In America, more than one professed microscopical expert—notably, Mr. John Phin, Editor of the *American Journal of Microscopy*, and Carl Reddot's—has lately alluded to 80,000 or 100,000 diameters as within the power of his appliances," and the tone of the article would seem to imply that we advocate and use such high powers, although this is not expressly stated.

Speaking for ourselves, we would say that we have never used such powers, do not believe that any useful result is to be gained by them, and in all our writings we have opposed their use. It is true that we have experimented in this direction just to see how poor the results would be, and we have recorded the attempts of others, as a matter of news. But we are no advocates for such high powers, and never use them.

That a certain magnifying power is necessary in every case to enable the eye to appreciate what the microscope pictures, is a truth which only needs to be stated to command assent. The man who tries to see the lines of *P. angulatum* with a power of 100 diameters will fail—no

matter how good his objectives may be. But our power to obtain amplification is limited, and we believe that the limit of effective work falls far below 80,000 diameters.

It is now pretty well recognized that very high power objectives do not reveal anything more than those of moderate power, it being assumed that the latter are of first-rate quality, and used with high eye-pieces, and the question comes up: "How high may the eye-piece be?" Our own impression is that the same circumstances which prevent the successful construction of high objectives will prevent the construction and employment of high eye-pieces. Just where the limit lies it may be difficult to state, but we doubt the efficiency of any eye-piece higher than one-eighth. This, with an objective of one-tenth, would give 8,000 to 10,000 diameters, and this seems to be about the limit arrived at by our best workers.

GLEANINGS.

TREATMENT FOR CERTAIN KINDS OF INCONTINENCE OF URINE IN WOMEN.—By J. Milne Chapman, M.B., M.R.C.S. (*Edinburgh Medical Journal*):

Mrs. C., aged forty-eight years, had frequent and painful micturition that had lasted three years and a half. When first ill a doctor told her she had inflammation of the bladder and some urethral affection (caruncle?), for both of which he treated her. September 30, 1880, could only retain water half an hour. The pudenda were reddened, also the whole vagina. Urethra somewhat gaping at its outlet. There was considerable pain on rubbing the two walls of the bladder over one another, or on introducing the sound into the viscus. Urine turbid, acid, and contained pus-cells, bladder-epithelium, and some oxalates. Urethra was dilated by the finger, increasing the bladder's retaining limit to an hour and a half. Nux vomica and uva ursi were given, and the vaginitis treated by sedative applications. Effects of the dilatation disappeared in about three weeks. It was then repeated, but soon she relapsed into her former condition, minus, however, the pain and pus in the urine. Urethra examined by endoscope and a slight redness noticed. Iodoform

bougies were used. Condition of bladder-wall as seen by the endoscope was normal, and now (November 8) every hour, night and day, she has to empty her bladder. Total quantity of urine fifty ounces, which gave little more than two ounces at each micturition. Sound passed into the bladder three inches from external meatus, and could only be pushed half an inch farther, and thus pain was caused.

It occurred to me that gradual forcible dilation of the bladder might relieve the patient. The bladder was distended with warm two-per-cent. carbolic solution, and the quantity used measured four ounces. Any attempt to inject more caused the most intense pain, and the resistance was great, as could be felt in compressing the ball of the syringe. From this date the bladder was filled to distension daily, injection being stopped when pain became great and resistance reached a high point. The apparatus used was Higginson's syringe attached to an ordinary catheter, great care being taken to prevent the access of air to the bladder. Each day there was a gradual increase in the amount injected of from a dram to an ounce. On two or three occasions the fluid as it returned was tinged with blood, but no harm ensued.

December 20 she was discharged. Instead of micturating every hour, she had only to get up once or twice during the night. Sixteen ounces could now be injected, and less pain was caused, than when four ounces was the limit. Two months later she was as well as when she left the hospital.

It will be seen that the woman had a cystitis, with frequency of micturition, which latter remained after the former was cured; that any indication there was for further treatment was attended to either medicinally, topically, or by operation, but that still the frequent micturition continued; that the bladder was then found smaller than normal, both by measurement with the sound and by the much more certain method of measuring its capacity, and that this capacity was increased fourfold by what may be called *slow operative dilatation of the bladder*, and that the results were in all respects satisfactory. There has this week presented itself at the infirmary a case of cystitis, where the bladder capacity is three ounces, and we propose soon to begin dilatation.

AMYL NITRITE IN OPIUM POISONING.—By E. F. Turner, M. D., Strayhorn, Miss. (*St. Louis Courier of Medicine*):

I was called August 16, 1880, to see ———, who was drunk and had been in the lock-up about three hours. I was told by the marshal that he looked like he was dying, but he thought he was “playing off.” I found him as pale as a corpse, with heavy breathing; the respiration would intermit; it was three per minute one minute and two the next; the pupils extremely contracted; pulse not perceptible at the wrist; his eyes were set in his head about half open and perfectly insensible (I tested them with the end of my finger). I asked if he had had any chance at opium or anything of the kind, and was told he had not. I searched diligently but did not find any clue. I was not certain as to what was the matter, but it struck me that if nitrite of amyl would speedily increase the heart’s action and dilate the capillaries it would do away with two of the bad symptoms. So, with one hand on the wrist, I began administering it. I first let him take two full inspirations, and had the pleasure of feeling his pulse at the wrist. I waited a short time; the pulse began to grow feeble. I applied it again, and this time his skin became red; his respiration ceased to intermit. I sat by him and gave it at intervals, watching the effect. At the end of one hour his respiration was eight; at the end of one hour and a half he opened his eyes and swore a few times; at the end of two hours he was so much better that I stopped the remedy. He was in a profuse perspiration, sat up and urinated. At the end of three hours he was able to be carried home by his friends. Subsequently he came into my office and told me that on the day he took his spree, when he started to town, he took about eight times as much morphine as the usual dose (he had taken morphine and quinine the week before for neuralgia), and brought about the same amount to town with him, which he took about the time he was locked up.

I was called January 22, 1881, to see an infant six months old. The mother through mistake had given it one-fourth grain of morphine at 12 o’clock and repeated it again at three. I arrived one hour and a half later, found the child well under the narcotic, so much so that I told the mother the case was very doubtful. I took the usual steps to relieve it, and remembering my other case

I commenced the use of amyl nitrite with the same caution as before, and again had the pleasure of seeing its immediate effects; every inhalation acted like a charm. I remained with the child six hours, when it was relieved and I left for home.

CHRONIC BRIGHT'S DISEASE WITHOUT ALBUMINURIA.—The main object of the paper was to prove that high arterial pressure, in young and apparently healthy persons, if it remain as a chronic condition, will produce the cardio-vascular changes of Bright's disease. It was held that the changes found in red granular kidneys are chiefly vascular in their nature; *i. e.*, thickened vessels, thickened Malpighian capsules, and fibro-hyaline intertubular thickenings; the yellow, or mixed granular kidneys, have, in addition to these, interstitial small celled growth and epithelial proliferation. Chronic Bright's disease was described as existing typically in three stages: 1. The functional stage, *i. e.*, high arterial pressure without organic change; 2. Chronic Bright's disease without albuminuria (or nephritis), *i. e.*, the cardio-vascular changes, usually with red granular kidney; 3. Chronic Bright's disease with albuminuria, or urine of low specific gravity, *i. e.*, the cardio-vascular changes with the mixed or yellow granular kidney. The present paper was to prove the existence of the second stage without albuminuria. It was founded upon sixty-one cases, in nearly all of which the urine was ascertained to be perfectly normal in quantity, specific gravity, and the absence of albumen, the latter being only occasionally present just before death. Nearly all these cases were diagnosed during life by hypertrophy of the heart and high arterial pressure. Of these, twenty-one cases were fatal, and an account of the *post-mortem* examination of each was given; in all the others, the signs were unmistakable, there being in all displacement of the apex external to the nipple-line, and high arterial pressure; in many, evident thickening of the arteries, and other occasional signs. The cases were grouped as follows: cardiac failure, ten cases with eight deaths; lung-failure, eleven cases, six deaths; cerebral disease, nine cases, two deaths: renal dropsy, nine cases, one death; gout, six cases; epistaxis, three cases; various medical and surgical diseases, nine cases, four deaths. There were also four cases with well-marked albuminuria,

disappearing temporarily or permanently. The twenty-one fatal cases included five in which there was hypertrophy of the heart without valvular disease; in all, the vessels were thick, but there was little or no renal change.—*F. A. Mahomed, M.D., London, in British Medical Journal.*

HOW TO USE THE BROMIDES.—In an article on the above subject, which appeared in the *Journal of Nervous and Mental Disease*, for July, 1881, Dr. Geo. M. Beard, who, as we all know, is an advocate of heroic (30 to 100 grains, or more) doses of this drug, says:

In epilepsy, the necessity of giving doses of considerable size is recognized more and more; but it is not generally allowed, even by neurologists, that in neurasthenia or hysteria doses of even greater size are admissible, proper and necessary, if we would get the results we seek.

In many cases a single large dose of bromide, say 100 or 120 grains, or even a larger amount, given in a tumbler of water, may be sufficient of itself, without any repetition, in any quantity, to break up an attack of hysteria, or sick headache, or sea-sickness; whereas, the same case in the same condition, treated by divided doses of the same remedy, might not be affected at all.

It sometimes seems to be necessary to overwhelm the nervous system with the sedative effects of the bromide, in order to get bromization.

Although no fatal cases have occurred from these immense doses, dangerous symptoms have been produced by a single dose of 100 grains. Patients taking bromides should, therefore, be closely watched; and, if the medicine has to be continued for any length of time, it should be alternated or combined with tonics, as *nux vomica*, or, in some cases, *ingluvin* and *arsenic* in small doses, to act on the stomach.

ASPIRATION OF THE BOWELS IN PERITONITIS.—A successful instance of this measure is reported by Dr. D. M. Williams, in the *Dublin Journal of Medical Science*. The patient was a boy of thirteen. We quote the most interesting part of the history:

His condition was now alarming; the pulse was, for the first time, irregular and compressible—144 to the minute; breathing very shallow; eyes sunken; cheeks

hollow; tongue dry; constantly moaning with pain—evidently dying. He placed his hand on the epigastrium, and said the pain was smothering him, no doubt from pressure upward of the diaphragm interfering with the action of heart and lungs. The abdomen was arched from the xiphoid appendix to pubes, the least attempt at percussion causing great agony. Had not passed water since the 7th. I determined to aspirate him, and passed the finest needle into the transverse colon; and, on turning the tap, a great quantity of flatus rushed through, followed by three ounces of fluid fæces, which gave him great relief, but did not perceptibly diminish the size of the abdomen. Fearing the needle was blocked, I withdrew it, and found such was not the case. I had evidently emptied this portion of the colon. Having washed the needle, I pierced the ascending colon; another rush of flatus took place, followed by eight ounces of fæces. I repeated the operation on the descending colon, with the same result. There was now very decided diminution of distention and relief of pain; still he complained bitterly of a spot just below the navel, which was quite tympanitic. Taking care to avoid the bladder, I pierced probably the ileum; more flatus escaped, with about half an ounce of fluid fæces. He was now much relieved; pulse had fallen to 96; breathed deeper. 10 P. M. Much the same as after the tapping; expression of face less haggard; pulse 120, full and soft; temperature 102°; passed water freely, and without pain, an hour after the tapping. To take pulv. Doveri, gr. 10, h. s. From this time, his progress toward recovery was steady.

ANTISEPTIC TREATMENT OF ABSCESS.—Dr. Lucas Championniere recommends, in the *Union Medicale*, the following procedure:

Before opening an abscess, in whatever region it may be placed, we should carefully wash the skin, especially if it has been covered by a poultice, with a strong carbolic acid solution:

R _y .	Acidi carbolic,	50 parts.
	Glycerini,	75 “
	Aquæ,	1000 “ M.

The bistoury should also be dipped in the solution. The contents of the abscess are to be discharged, and some of the above solution injected, care being taken

that the injected liquid has a free issue. The end of a caoutchouc tube is introduced into the wound, having a thread attached to it to facilitate its removal; and it is then covered by a thick layer of charpie, impregnated with a solution of carbolic acid twenty-five parts, glycerine twenty-five parts, and water one thousand parts. Finally, over all is laid a layer of gummed silk. At the end of twenty-four hours the tube is removed, in order that it may be cleansed and shortened; when it is again covered with the charpie, moistened with the weaker solution. Under this treatment the amount of suppuration is diminished, the redness of the wound becomes insignificant, and the cicatrices which result are much less apparent. Dr. Lucas recommends this procedure especially in abscess of the breast.

THE CLINICAL VALUE OF THE EXAMINATION OF THE URINE IN BRIGHT'S DISEASE.—The subject was discussed under the following head: (a) Quantity: Diminished: 1, in inflammation (early stage and during exacerbations). Normal: 1, in middle stage of inflammation; 2, in earlier stages of cirrhosis. Increased: 1, in waxy throughout (unless interfered with) and preceding even the albuminuria; in cirrhosis—later stage; 3, sometimes in advanced inflammation and during absorption of dropsies. Suppressed: In inflammation acute and advanced cirrhosis: (b) Specific gravity and solids. Influenced: 1, by amount of water; 2, by amount of urea; 3, by amount of other solids; urea in different forms. (c) Albumen, serum-albumen, the only very important form; quantity in different forms; explanations. (d) Blood. 1, Early inflammation and acute exacerbation; 2, very rarely in waxy kidney; 3, occasionally in late cirrhosis with other hæmorrhages. (e) Tubecasts; varieties; different views as to the origin; abundant and varied in inflammation; few in waxy kidney; few in cirrhotic kidney.—*T. Grainger Stewart, M. D., Edinburgh.*

EAR AFFECTIONS IN CHILDHOOD FROM DENTITION OR A CARIOUS TOOTH.—“A considerable portion of the blood supply of the membrane of the drum is derived from an artery that leaves the internal carotid in the carotid canal and proceeds by a very short course directly to its destination. Being thus closely connected with a large arterial trunk, this small tympanal branch of the internal

carotid possesses very favorable circumstances for a speedy augmentation of its blood supply. The nervi vasorum constituting the carotid plexus at this part of its course come largely from the otic ganglion. On the other hand, the inferior dental nerve supplying the decayed tooth, or the gums, as the case may be, also communicates with this ganglion. We thus arrive at a direct channel of nerve communication between the source of irritation of the tooth, and the vascular supply of the drum head.

EUCALYPTOL IN ALBUMINURIA, Wm. B. Hazard, M. D.—Prof. Louis Bauer, M. D., has been for some time investigating this comparatively new drug, and has kindly furnished the particulars of a case which was also under my own observation.

CASE.—A gentleman, aged forty-five, was for several weeks engaged in the reconstruction of a building, and was thus constantly exposed to sewer gas. Very soon he was attacked with a pronounced form of malarial fever and total disarrangement of his digestive apparatus.

When at last the patient came under our observation, moderate ascites and anasarca had been superadded. The general appearance of the patient denoted hydæmic cachexia. The pallor of his skin was somewhat changed by a yellow tinge; liver and spleen enlarged, but not tender. The vital functions were sluggish throughout; stool and urine scanty. The microscopic examination of the latter did not reveal any evidence of renal disease, but on the proper test precipitated a large quantity of albumen. Aside from these symptoms, the patient was at no time entirely free of fever, as indicated by the increase of temperature and pulse; but there were exacerbations of a very marked tertian type, which terminated without the usual supplementary critical discharges. The skin was altogether inactive.

The first object of treatment was to arrest the febrile disturbance with large doses of quinine. This was only partially successful. The percentage of albumen augmented. Moderate purgation had no effect in giving relief. Hot air and variously medicated baths did not change the inaction of the skin. Various diuretics failed to increase the urinary secretion. It occurred to me to employ the diuretic action of eucalyptol. It was pre-

scribed in the shape of an emulsion, and the dose gradually increased from five to fifteen drops four times a day. From the start, the patient realized the beneficial effects of the remedy. Above all, the albumen in the urine steadily diminished, and at the end of ten weeks' use of this remedy the patient was completely relieved of his dropsical symptoms. Repeated examinations of his urine have since been made, but not the slightest trace of albumen has been discovered.

Since then, Dr. B. has treated two other patients in similar but less aggravated conditions, with eucalyptol, and accomplished the same prompt and enduring benefits. —*St. Louis Clinical Record.*

MYSOPHOBIA.—The following report by J. C. Shaw, of Brooklyn, is from the *Archives of Medicine* for October, 1881:

E. J., aged fifteen, brought to me by his mother on May 26, 1879. For the past few years has enjoyed good health. About six weeks ago the first decided symptoms appeared, but for months before his mother had noticed that he was excessively particular to wash his hands very clean, which is unusual for boys, as she remarks. About six weeks ago he began to say to her that he had been touching the paint; did she think it would come off the wall and poison him? He would not take off his own hat, but ask her to do it for him; also to unbutton his coat. If he wished to come in the front door he would not take out his night-key and come in, but would knock on the door with his elbow. He is afraid that if he touches anything with his hands it will poison him. Every time he touches *anything* he is very particular to wash his hands very clean. He spat on the carpet a few days ago, and then rubbed it off with his boot. He immediately came down stairs to his mother, told her about it, and asked if she thought he could have got any of the color off the carpet so as to poison him. He would go about holding his hands and arms away from his body as if he were afraid of touching his clothes. When he goes to bed at night he will wash his hands a dozen times and use as many towels. If prevented from doing this he appears disturbed, and will sometimes rush over to the water-pitcher and thrust his hands in, which appears to satisfy him. For a short time past he has frequently asked his

mother if he had cobwebs on his face, and especially about his mouth. His mother thinks that of late he has presented a vacant, idiotic expression that he never used to have.

When the boy is talked to he speaks sensibly, but will give no explanation of why he is afraid of being poisoned by touching things; says he has frontal headache at times, especially when he goes to school; for the past six weeks has not gone to school, and has not had the headache, but a few days ago had a sharp pain in left occipital region. He looks dull and apathetic; is not given to self-abuse. He has a decided neurotic family history. The brother and father of his mother suffered from some nervous disorder, but no accurate account of it could be obtained; but I infer that it was a mental disorder. The marked neurotic family history in this case inclines me to the opinion that graver mental disorder will be developed in this boy.

RIBEMONT ON TARDY LIGATION OF THE UMBILICAL CORD.—Dr. J. G. S. Coghill, in his address in Obstetric Medicine before the British Medical Association, called attention to an extremely interesting and valuable communication with reference to the time and mode of separating the foetus and umbilical cord which had been made by Ribemont in a recent number of *Les Archives de Tocologie*, and which shows satisfactorily the great influence of the "thoracic aspiration" of the foetus on the umbilical circulation before its ligation. This was first pointed out by Budin, but is denied, among others, by Schucking. Determined by the manometer it was found that—

1. Tardy ligation of the cord benefits the child by increasing the quantity of blood which is required for the establishment of the third circulation—that is, the foetal pulmonary.

2. The immediate ligation of the cord deprives the infant of a quantity of blood, larger or smaller in proportion to the time of ligation; and it especially deprives it of necessary blood if the ligation has been applied before the child has breathed.

3. The early ligation of the cord thus compels the abstraction of the blood necessary to establish the pulmonary circulation from the general circulation. The result is a diminution of the arterial tension equal to one-third of the initial tension.

4. The cause of the penetration of the blood into the pulmonary circulatory system of the child is the "thoracic aspiration." This is proved by the constant superiority of the pressure of the blood in the umbilical arteries to that in the umbilical vein. Again, the thoracic respiration is observed to produce considerable oscillations in the tension of the arterial and venous blood. The uterine contractions are utterly insufficient to force any blood along the umbilical vein when the arterial pulsations of the cord have ceased.

5. Thoracic aspiration causes the *sufficient* and *necessary* amount of blood to enter the pulmonary vessels; *sufficient* because under these circumstances the tension in the arterial system does not fall; *necessary* because the arterial tension in the umbilical cord of a newly-born child is never seen to rise after tardy ligation of the cord.

Prof. W. T. Lusk, of New York, in corroborating Ribemont's views, says that in children born pale and anemic, and suffering from syncope, late ligation of the cord furnishes an invaluable means of restoring the equilibrium of the foetal circulation.—*British Med. Journal*.

RODENT ULCER AND EPITHELIOMA.—Rodent ulcer and epithelioma are undoubtedly closely allied affections, though rodent ulcer differs in some important respects from epithelioma. It does not affect lymphatic glands while epithelioma does, and often at an early stage of the disease. It is a rather dry ulceration with only a little secretion and no fetor, and the granulations are small. In epithelioma the secretion from the ulcerated surface is abundant and fetid, and the granulations large, exuberant, and often in bosses. Rodent ulcer is confined to the upper part of the face, while epithelioma has a preference for certain localities, and may under certain conditions attack any part of the body. The points of resemblance between rodent ulcer and epithelioma are: Both rodent ulcer and epithelioma are new growths composed mainly of epithelial cells; and the new growth is only partly involved in the ulceration. As the growth increases and includes more of the skin and deeper tissues, so the ulceration continues to extend; but the ulceration does not go beyond the new deposit.

On one point I am quite settled, that rodent ulcer if left will in time so change its character as to become true

epithelioma. I can not say whether this change is due to a mere progress of the disease or whether it is that rodent ulcer is peculiarly apt to have superadded to it the characters of epithelioma after the same manner as that of old standing ulcers, unhealed wounds or scars, or other simple sores that become epitheliomatous.—*Lawson, Ophthalmic Hospital Reports.*

PRURITUS VULVÆ RELIEVED BY IODIDE OF POTASSIUM.—At a meeting of the St. Louis Medico-Chirurgical Society, Dr. Bryson related the following case: Having under treatment a patient suffering from fistula in ano and urethral stricture, he learned that the man had syphilis, and gave him constitutional treatment with potassium iodide while he was dilating the stricture. Not long after, he was called to treat the wife of this patient for most intolerable pruritus vulvæ. The general condition of the woman seemed to be very good; but she had been married seven years without bearing any children, and had once aborted in the third or fourth month of pregnancy. These facts, in connection with his knowledge of the husband's history, led the doctor to suspect a syphilitic taint in this woman; and he prescribed potassium iodide in doses of three grains three times a day, which was gradually increased to ten grains three times a day. No local treatment was used, and in three days the distressing pruritus entirely disappeared. The iodide was continued for some weeks longer, with marked improvement of the spirits and health of the patient.

There was no eruption or other lesion characteristic of syphilis apparent about the vulva, and Dr. Bryson considers that the trouble was due to an obscure syphilitic nerve affection.—*St. Louis Courier Medicine.*

MODE OF ABSORPTION OF MERCURY.—After the inunction of the ointment of mercury in rabbits and men Furbrenger failed to discover any trace of mercury in the rete Malpighii of the skin, but globules were visible in the hair-follicles and in the sweat-ducts. If, however, the epidermis was first removed the metal was then found in the corium, but only a few isolated globules could be seen in the deeper layers of the skin and in the subcutaneous tissue. After exposure to mercurial vapor no mercury could be found in the hair-follicles or sweat-ducts, although the surface of the skin was covered with a gray

deposit. Twenty-four hours after an injection of a mercurial emulsion into the jugular vein the presence of dissolved mercury in the blood could be demonstrated in five out of eleven experiments, and the liver always contained mercury in a state of solution. Hence, it seems certain that metallic mercury becomes dissolved in the blood. The metallic mercury in the hair-follicles was considerably diminished in quantity in eight days, and those globules which remained were oxidized on the surface, angular, and dirty-black in color. It is probable that the fatty acids of the skin assist in the solution.—*London Lancet.*

BROMIDE OF SODIUM AND EPILEPSY.—Dr. Hammond's experience has proved the following to be one of the best plans of treatment for epilepsy: Dissolve eight ounces of bromide of sodium in a quart of water. Of this take a teaspoonful three times a day. After three months add one teaspoonful more to the night dose, and after another three or four months add a teaspoonful to the afternoon dose also. At the expiration of a year do the same with the morning dose, and continue with this for a year or more thereafter. If no symptoms of the disease have meanwhile appeared, then gradually reduce the doses, and at the expiration of the third year stop. The attacks do not usually return after this course of treatment. Ordinarily, however, patients stop the medicine after a month or two, and in such cases the attacks almost invariably return. It is then almost impossible to bring these patients under the influence of the bromides again. The doses will have to be at least doubled, and this may so derange the system as to make it impossible to take the medicine longer.

THE EFFECTS OF OIL OF TANSY.—Dr. G. Jewett (*Boston Med. and Surg. Journal*) reports eight cases of poisoning with this drug. Case 1: Fifteen drops at 11 A. M., teaspoonful at 2 P. M.; convulsions, shock, general cyanosis; recovery. Case 2: Teaspoonful to promote catamenia; convulsions and death in one hour and a half.* Case 3: Unknown quantity to cause abortion; convulsions; death in three hours and a quarter; no abortion. Case 4: Teaspoonful to cause abortion; coma, recovery; no abortion. Case 5: Four drachms; spasms and death. Case 6: To cause abortion; rapid death; no abortion. Case 7:

Decoction of tansy-leaves to produce abortion; paralysis; coma; death in twenty-four hours without abortion. Case 8: Infusion of leaves daily for a week; also for vaginal injection; abortion, metritis, peritonitis; recovery after three months. As druggists are often asked for oil of tansy under various pretenses, we believe the above table will be useful in reminding them of the dangers attending the sale of tansy and its preparations.

THE TREATMENT OF HYDROCELE.—On December 15, 1881, Dr. Weir presented four cases of hydrocele, performing four different operations for their radical cure, viz: in the first case, injecting the tincture of iodine into the sac containing the fluid; in the second, injecting pure carbolic acid; in the third, injecting a ten per cent. solution of carbolic acid; and in the fourth case, performing Volkmann's operation. In the latter case, there was found to be considerable inflammation and thickening in the sac, and it was not expected that the patient would recover so soon as if it were a simple case. One week later, the patient on whom the pure carbolic acid injection was made was again presented at the clinic, and the inflammation and enlargement had almost entirely subsided. The advantage of this method over that by the injection of the tincture of iodine was, that there resulted less serous exudation prior to adhesion of the two opposing surfaces of the tunica vaginalis.

HYDRATED OIL HYDROLEINE, WATER AND OIL.—With many persons, brought low by disease, it is impossible to digest fats. The pancreas, which is the organ which emulsifies them and permits their absorption into the system, fails in its powers under such circumstances. The consequence is, emaciation becomes extreme. Now hydroleine, which is partially digested oil, will nourish and produce increase in weight in those cases where oils or fats, not so treated, are difficult or impossible to digest from some failure of the pancreas. Consequently, the tendency to emaciation and loss of weight is arrested by the regular use of hydroleine. There is frequently reason to believe that, if the emaciation which is going on from day to day in patients could be stopped, their lives might be saved.

Hydroleine is prepared by Kidder & Laird, of 83 John Street, New York, and is worthy of trial. We have heard very favorable reports of its use.

Miami Valley Medical Society.*

THE Society held its semi-annual meeting at Loveland, Ohio, November 1, 1881, Dr. S. S. Scoville, the President, in the chair. The attendance was good, and all the members took a lively interest in discussing the various topics presented.

Prof. E. B. Stevens read a paper on the subject of "Uterine Cancer;" also, a paper on the same subject, was read by Dr. F. H. Darby, who exhibited a post-mortem specimen with a drawing. Dr. A. Robb read a paper on "Conservative Surgery," reporting the history of a case. By a vote, the last two mentioned papers were requested to be published in our medical journals.

A paper by Dr. G. W. Wires on "Diphtheria," elicited considerable discussion. An excellent paper by Dr. J. O. Marsh was not discussed for want of time.

Dr. T. J. Mullen, of New Richmond, and Dr. S. W. Fenn, of Batavia, were elected to membership.

Dr. R. T. Trimble, of New Vienna, gave a public lecture in the evening in the Presbyterian Church; subject, "The Hand." The topic was well handled, and well received by an appreciative audience.

W. A. CARMICHAEL, Secretary.

At this point, we will mention that a prescription by Dr. F. H. Darby, proposed as a substitute for the usual *Mistura Glycyrrhizæ* Co., published in the *MEDICAL NEWS* several months ago in the proceedings of the *Miami Valley Medical Society*, contained a number of errors. We append here the prescription as amended by Dr. Darby:

R.	Antim. et Potass. Tart., . . .	grs. iv
	Aq. Camphoræ,	fl. ʒ ij
	Aq. Fœniculi,	fl. ʒ viii
	Liq. Morph. Sulph.,	fl. ʒ j
	Glycerinæ, }	
	Syr. Simp., }	
	Mucil. Acaciæ, }	aa fl. ʒ vi
	Alcohol,	fl. ʒ ij
	Spts. Ether. Nitrosi,	fl. ʒ j
	M.	

* The proceedings of this Society were sent us sometime ago and should have appeared in a previous number of the *MEDICAL NEWS*, but, unfortunately, they got mislaid.—ED.

In this mixture, says Dr. Darby, glycerine is substituted for glycyrrhiza, and solution of morphia and camphor water for the camphorated tincture of opium; giving thereby a perfectly clear, limpid mixture, in place of the muddy, nauseating-looking "Brown Mixture" of the pharmacopeia. It has the same opiate and antimonial strength of that old-time remedy, and does not undergo change by long keeping.

We hope that such of our readers who observed the other prescription will note this correction.—ED. NEWS.

BOOK NOTICES.

A SYSTEM OF SURGERY, THEORETICAL AND PRACTICAL. In Treatises by Various Authors. Edited by T. Holmes, M. A., CANTAB., Surgeon and Lecturer on Surgery at St. George's Hospital. First American, from Second English Edition, thoroughly Revised and much Enlarged. By John H. Packard, A. M., M. D., Surgeon to the Episcopal and St. Joseph's Hospital, Philadelphia, assisted by a large Corps of the most eminent American Surgeons. In Three Volumes. With many Illustrations. Philadelphia: Henry C. Lea's Son & Co. Cincinnati: G. T. Craven & Co., 141 and 143 Race Street.

Some time ago, we noticed the first volume of this superb work. We have now the second volume before us. This volume is devoted to the consideration of the "Diseases of Organs of Special Sense;" "Diseases of Circulatory System;" "Diseases of Digestive Tract;" "Diseases of Genito-Urinary Organs."

When noticing the first volume, we described the work in detail, and, consequently, it is not necessary to again describe it. We will, however, repeat that it is not the labor of one man distinguished in his profession, but it is the product of the labor and learning of many eminent individuals. It is, undoubtedly, the greatest work upon surgery ever published, in either the English language or any other language. Each subject has been written by some one who has more or less made it a special study, and, consequently, qualified to treat it exhaustively. Every department, as a result of this plan, exhibits original research and independent thought; and nowhere

is seen the work of the mere compiler, as must be the case, to a considerable extent, in a work where a single writer prepares all the subjects, with not a few of which he must necessarily be but little familiar.

The second volume contains nearly eleven hundred pages (about the same as the first) of royal octavo size, double columns to the page. The paper is of superb quality; and the type, although of brevier size, is so very plain and distinct, that it is read with ease. It will be observed the vast amount of matter contained in a volume—double that of many of greater bulk. The three volumes composing this magnificent work are put at so low a price as to be within the means of every physician.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD.

By J. Lewis Smith, M. D., Clinical Professor of Diseases of Children in Bellevue Hospital Medical College; Physician to Charity Hospital, etc. Fifth Edition. Thoroughly Revised. With Illustrations. Svo. Pp. 836. Philadelphia: Henry C. Lea's Son & Co. Cincinnati: R. Clarke & Co.

A work that has passed through five editions must be regarded as one that has received the endorsement of the profession. If it had not met with favor from physicians and students, it would never have gotten beyond a first edition.

When we come to examine the work closely, the cause of the high estimation in which it is held by the profession is evident. It has been the primary object of the author to produce just such a work as the practitioner of medicine needs, viz: a practical work—one that can be consulted in actual cases with advantage. While the author has omitted lengthy discussions, and has avoided quoting opinions of other writers, which might be interesting to some under some circumstances, he has devoted considerable space to the therapeutics of various diseases.

The text in this edition has been considerably enlarged, though, in consequence of a change of type, the bulk of the book is not materially increased. The improvements that have been added bring the work fully abreast of the times. We can assure our readers that they can procure no better work on infancy and childhood, for reference and study, than this one.

The publishers deserve much credit for the beautiful style in which they have gotten the work out. It is printed on smooth, handsome paper, of the very best quality, with clear, plain type. The binding is in half Russia, which is both much handsomer and more durable than leather, and costs but a trifle more. Messrs. Henry C. Lea's Son & Co. are the only publishing house that bind medical works in half Russia.

NERVOUS DISEASES: THEIR DESCRIPTION AND TREATMENT.
A Manual for Students and Practitioners of Medicine.
By Allan McLane Hamilton, M. D., one of the Attending Physicians at the Hospital for Epileptics and Paralytics, Blackwell's Island; Consulting Physician to the Hudson River State Hospital for the Insane, etc. Second Edition, Revised and Enlarged. With 72 Illustrations. 8vo. Pp. 598. Philadelphia: Henry C. Lea's Son & Co. Cincinnati: R. Clarke & Co.

The first edition of this work was published in 1878, and was out of print several months before the present edition was issued. This fact proves that the work has met with great favor from the profession. It should be kept in mind that a work on a special subject, like that of diseases of the nervous system, is not in demand like a text-book upon practice of medicine or surgery, and sells much more slowly. For an edition of such a work to become exhausted in two or three years, is evidence that it possesses unusual merits, which have caused it to be more than usually sought for.

It has been the object of the author in preparing this work, to produce a concise, practical one, and we think it will be generally conceded that he has succeeded. All of the affections of the brain and spinal cord, that are generally met with, are described in sufficient detail, without unnecessary verbiage, to give the student a very clear idea of them. While other writers are referred to, yet but little space is given to their discussions—the author limiting himself to his own accounts of phenomena observed by him in his researches. He has, therefore, made the subjects of diagnosis and treatment of nervous diseases more simple than they will usually be found in works of this kind.

On page 179, he begins the treatment of aphasia, syn-

onyms of which he gives aphemia, asemasia, alalia, laloplegia, paralalie. After defining it as a partial, or complete, loss of speech, which does not depend upon any local or lingual impairment of function, but upon disease of the speech-centers, whereby the origination of forms of expression is suspended or deranged to a greater or less degree, or a kindred loss of writing or gesticulating power; and that it must not be confounded with aphonia, or with the condition met with in idiots or mutes—he proceeds to locate the disease in the third frontal convolution, stating that it is characterized by the disruption of the connection between the formation of ideas and their expression by the lingual apparatus. How it is to be accounted in locating the function of speech in the third frontal convolution, that aphasia has not existed in not a few cases when that portion of the brain has been removed, either by disease or by mechanical means, he does not explain. Again, aphasia has existed, when post-mortem has disclosed the fact that the disease of the brain was far distant from the third frontal convolution, and it exhibited no pathological condition whatever.

Dr. Hamilton states that our first information of aphasia is from Sextus Empiricus, who lived 200 years before Christ. But he, it seems, merely mentioned the fact that a man struck by a stone forgot the letters of the alphabet. The younger Dax first demonstrated that aphasia was connected with right-sided paralysis. But Broca limited the spot to the second or third frontal convolution.

Students and physicians will find this work of Dr. Hamilton a highly interesting one. We think every physician should have it on the shelves of his library. Its attentive study will make him far more competent to treat diseases of the nervous system.

A MANUAL OF ORGANIC MATERIA MEDICA. Being a Guide to Materia Medica of the Vegetable and Animal Kingdoms, for the Use of Students, Druggists, Pharmacists and Physicians. By John M. Maisch, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. With many Illustrations on Wood. 12mo. Pp. 459. Philadelphia: Henry C. Lea's Son & Co. Cincinnati: R. Clarke & Co.

This work will undoubtedly be highly esteemed by

pharmacists and students of pharmacy. Physicians, too, who are interested in materia medica, will derive much advantage in consulting it.

The classification differs from similar works prepared for medical students, as with them the study of materia medica is combined with that of therapeutics; and, consequently, the classification usually adopted is based upon a similarity in the action of drugs on the animal economy. The author has divided the work into three parts. In the first part are considered "Animal Drugs," under which are classed cantharides, leeches, etc.; eggs, anastomosing fibrous tissue, gelatines, calcareous skeletons and concretions, etc. In the second part are described "Cellular Vegetable Drugs," of which there are twelve divisions. The third part is devoted to the consideration of "Drugs Without Cellular Structure," under which division are described extracts and inspissated juices, sugars, gums, resins, volatile and fixed oils, waxes, etc.

No one in this country holds a higher position as a teacher of pharmacy than Prof. Maisch; and we have no doubt but that this work will become popular as a text-book of materia medica with pharmaceutical students, and a book of reference with pharmacists.

A POCKET-BOOK OF PHYSICAL DIAGNOSIS, FOR THE STUDENT AND PHYSICIAN. By Dr. Edward T. Bruen, one of the Physicians to the Philadelphia Hospital, etc. With Wood Engravings. 16mo. Pp. 256. Philadelphia: Presley Blakiston. Cincinnati: R. Clarke & Co. Price, \$2.00.

This volume, we are informed, has been written for a special purpose, viz: to give the student and physician a condensed and reliable manual on physical diagnosis. The arrangement is original; the illustrations drawn specially for it; and itself a success, in evidence of which are the many commendations it has received from prominent professors and practitioners. We learn that it has been placed upon the list of text-books at the University of Pennsylvania Medical Department.

It contains just precisely what the student of medicine wants to know. In this respect, it is not abridged in the least; but there is omitted everything that is not essential for a complete, practical knowledge of physical diag-

nosis. It is small enough to be carried in the side-pocket, but large enough to impart full information of the subject of which it treats.

EDITORIAL.

TO OUR SUBSCRIBERS.—In sending out the first number of a new volume of the MEDICAL NEWS—the *fourteenth* volume—we will say to our subscribers that we wish them all “A Happy New Year.” Many of our subscribers have been with us from the beginning of the journal, and we feel towards them as if they were old personal friends. The large majority of them we have never met, but they seem to us as if we had always had an intimate acquaintance with them.

We expect that the coming volume will be much superior to any previous volume. Quite a number of eminent gentlemen, who have never before contributed to the pages of the MEDICAL NEWS, have promised to write for it.

¶ It should be kept in mind that the NEWS, each month, contains *seventy-two* pages, or 864 pages for the year. With a trifling cost for binding, at the close of a volume, a subscriber has a large octavo volume, equal in size and amount of reading-matter to a work for which a publisher would charge six or seven dollars, costing but two dollars. In addition to this, the information contained in the journal will be two or three years in advance of the text-books printed the same year. Besides, the medical journal has a large variety of reading-matter in every department of medicine, forming quite a library; while the text-book or monogram is confined, in its range, to a single subject. A physician who has thus the opportunity, for a trifling sum, to add to his library every year a very large medical book, bringing up the various departments of medicine to date, and does not improve the opportunity, certainly cares but little about his profession. Such a one practices medicine only for what little money he can make out of it, and places no value whatever upon knowledge.

We hope our friends will remit their subscription money without delay; and, not only so, but that each one will strive to send us one or more new subscribers.

A little effort on the part of our friends will enable us to double our subscription list. We would not ask any one to assist in increasing the circulation of the MEDICAL NEWS, if we only would be benefited. But such would not be the only result, by any means. The profession at large could not but be benefited by the large circulation of such a journal, filled, as each number is, by most valuable reading-matter. And then our pages are open for the dissemination of any items of news, that any subscriber may be in possession of, that would be of general interest. Every one of our patrons can feel that the journal is his own property, so far as bringing any legitimate subject before the profession in a proper manner.

To use a hackneyed expression, "Now is the time to subscribe." Before the issue of the February number, we hope to have inserted in our subscription book the names of very many physicians who have never before taken the MEDICAL NEWS. We have noticed that when a medical man has concluded to take it for a year, he continues to be a permanent subscriber, and not unfrequently writes to us that he can not get along without it. We have received hundreds of such letters.

SMALL-POX.—This disease seems to be prevailing pretty generally throughout the country. We hear from it at all points. In Cincinnati an epidemic of a mild character has existed for some weeks—probably not more than one in fifteen or twenty cases dying.

It is now close on to a hundred years since Jenner discovered vaccination, and yet this horrible disease, small-pox, continues to destroy its tens of thousands. Why is this? In vaccination the profession believes a sure prevention of the disease has been found, and yet its ravages have not been staid. There must be inefficiency somewhere. There must be either great neglect in making use of proper vaccination, or it is more or less temporary in its protective power, and consequently needs to be repeated.

Inert matter, no doubt, is frequently employed that is followed by local inflammation and swelling, simulating, to some extent, the phenomena resulting upon a genuine vaccination, but which really is the consequence of inoculation with decaying animal matter. Such an operation, of course, not being a genuine vaccination, can not pro-

fect, and the subject of it will take small-pox whenever exposed. Believing himself, however, to be properly vaccinated, he rests his faith upon it, regarding himself secure, but, in fact, continues ready to be a victim.

A prolific cause of so many persons continuing to be liable to small-pox so soon as the disease has made its appearance at any place, and thus aid in starting up a wide-spread epidemic, notwithstanding the discovery of vaccination, is that with large numbers a single vaccination fails to protect, though in every respect it may be a genuine one. Every physician knows that, notwithstanding it is the rule, an attack of small-pox gives immunity from future attacks, yet persons do take small-pox a second time, and we have heard of death resulting from a third attack. As it is admitted, then, that protection against small-pox does not always follow upon having the disease, although it is the rule, it is certainly reasonable to suppose that exceptions frequently take place of vaccinations failing to protect.

It may be asked, how is it to be known, when a person has been vaccinated, whether the operation, in his case, will protect him from small-pox? We can only know by revaccination; feeling assured that if a second vaccination "takes," he was not protected by the first. And revaccinations, we consider, should be continued, one after the other, until the subject is no longer affected by the operation; and then, and not until then, can it be certain that immunity from small-pox has been attained. We have seen on the arm of an individual as perfectly a characteristic cicatrix of a genuine vaccination as was ever made, and yet the person afterwards, was attacked, not by varioloid, but by severe small-pox, leaving the face terribly scarred. In this case, vaccination had failed completely in securing any protection whatever from small-pox.

It is supposed by some authorities that the protection from small-pox produced by vaccination is permanent—not becoming destroyed or weakened by time. Most physicians, however, seem to believe that time does nullify its influence. A popular notion is, that its protective power lasts for only seven years. How such a notion originated we do not know. That it is incorrect, our own experience proves. We have known the efficacy of vaccination to be in full activity after many multiples of seven years. Our experience has led us to consider it

probable that a successful vaccination previous to puberty will continue efficient until that time, but that, at that period, such changes may take place in the system as to modify its influence, and consequently that it is safer to repeat it after puberty has been established. After the period of puberty, we have no doubt a successful vaccination maintains its protective power the remainder of life.

There can be no doubt but that we have in vaccination a sure protection against small-pox; and the only reason that the dread disease has not been stamped out long ago is simply because ignorance in physicians and ignorance in the laity has prevented the intelligent use of it. If only genuine matter was used, and it intelligently employed, the disease would soon cease to exist.

SANITARY CONVENTION.—There will be held at Ann Arbor, Mich., February 28 and March 1, by invitation of the citizens, a SANITARY CONVENTION under the auspices of the State Board of Health. The sessions on the first day will be at 3 P. M. and 7:30 P. M. On the second day at 9:30 A. M., 2:30 P. M., and 7:30 P. M. During each session of the Convention there will be one or more addresses or papers on some subject of general interest pertaining to public health, each paper to be followed by a discussion of the subject treated.

A committee have chosen the following officers: President, Judge T. M. Cooley; Vice-Presidents, W. F. Breaky, M.D., Judge W. D. Harriman, Hon. Israel Hall, C. W. Warden, Esq., H. J. Brown, Esq., Richard Hudson, Esq.; Secretary, V. C. Vaughan, M.D.

Manufacturers of and dealers in all kinds of sanitary apparatus or appliances are invited to send specimens of their articles for exhibition at this Convention. A full description of each article must be forwarded to the Secretary of the Convention, with application for space. Judges will be appointed to examine the various articles on exhibition, and certificates of merit will be awarded to such articles as are deemed worthy.

There will be an address of welcome by the Mayor. Also an address by the President of the Convention, Judge Cooley.

Among the subjects to be presented and discussed are the following: (1) Ventilation; (2) Causes of Insanity;

(3) Injuries to Health from Overflowed Lands and from Milldams and other Obstructions in Rivers; (4) Water Supply and Disposal of Waste Matter; (5) School Life and Hygiene.

VIVISECTION.—This is a subject that is exciting a great deal of attention in England. Quite a number of would-be humanitarians, or of individuals who are desirous of obtaining notoriety as such, have been making themselves conspicuous by interfering with the researches of scientific men. Among the meddlers we have heard of a woman. Whether or not she is married and has children we do not know; but, if she is a mother, we feel sure that, if the facts were investigated, it would be disclosed, while she is looking after the welfare of weasels, Tomcats, skunks, and monkeys, her children are grossly neglected—having soiled faces and hands, fighting one another, falling down stairs, crying at times for something to eat, etc.

We learn from a London letter that the first attempt to embarrass physiologists and pathologists in their researches by vivisection was made in 1874 by the Society for the Prevention of Cruelty to Animals. The letter does not state, but we believe that at that time a distinguished French pathologist, whose name we can not call to mind, was prepared to deliver a lecture before a body of very eminent English physicians who had already assembled to hear him. Just as he was ready to proceed with his lecture, officers of the law, at the instigation of the "Society for the Prevention of Cruelty to Animals," made their appearance and interrupted the meeting. A prosecution was instituted, but was not successful. The lecture, however, which was to have been illustrated by vivisections, was put a stop to, which was a source of satisfaction, to some extent, to the Prevention of Cruelty to Animals Society. It was stated that the distinguished French scientist returned to Paris filled with disgust of Englishmen, English laws, and English customs generally, while the eminent English physiologists and pathologists separated exceedingly mortified in consequence of the treatment received by the learned foreigner whom they had invited over to lecture to them, and who was their guest.

In 1876, Parliament enacted a law, the provisions of which are—"That no experiment calculated to give pain,

or inflict a serious injury, may be performed on any living vertebrate animal, except by a person holding a license from the Home Secretary, and in a licensed place. An anesthetic must be employed during the whole duration of the experiment, and the animal must be killed before the effects of the anesthetic have passed off. Should it be essential to the experiment in question that anesthetics be not used, or that the animal be allowed to recover from their effects, then a separate and special certificate for this purpose must be obtained. The dog, cat, horse, ass and mule are specially exempted from vivisectional experiments, unless it is shown that the object of any experiment will be frustrated unless performed on them. The applications for licenses and certificates have to be signed by a president of one of the medical corporations and a professor in medicine, physiology, etc., in some British university."

The restrictions and annoyances which have followed upon this law have proved so great that nearly all scientific research through vivisection has been stopped throughout England. Such men as Lister, Ringer, Ferrier and Fraser have in this way been prevented from continuing their important investigations in their country.

We copy the following example illustrating the ridiculous workings of the law by which foreign *savants*, guests, as it were, of the nation, are prosecuted and treated with indignity:

"Such men as Lister, Ringer, Ferrier and Fraser have in this way been prevented from continuing their important investigations in this country.

"The intensity of the opposition to this form of scientific research has been well illustrated this week. During the meetings of the Congress the function of the cerebral cortex was discussed in the physiological section, and Prof. Goltz described some experiments on dogs, from which he deduced that the cortex acted as a whole. Dr. Ferrier joined in the discussion and detailed another series of experiments performed on monkeys, which showed that different parts of the cortex cerebri had different junctions. Subsequently about one hundred physiologists met at King's College Laboratory, and inspected a dog of Goltz's and two monkeys, on whom Dr. Yeo had operated many months before, one of which was deaf and the other partly paralyzed on one side. Dr. Ferrier

spoke and pointed out how the condition of these monkeys supported his views. A summons was taken out against him for this, and counsel attempted to prove that because Dr. Ferrier had examined these monkeys and compared them together, he had conducted an experiment with them which he was not entitled to do without a license, and that he had been a party to keeping the animal alive after the anesthesia had passed off. The magistrate quickly dismissed the summons."

There is no doubt but that vivisections have been carried to excess in some countries, as in France, and needless cruelties been perpetrated upon animals; but when properly performed, under proper circumstances, much is done by them in advancing science. Very much of the phenomena of the nervous system, now understood, we would be entirely ignorant of unless we had been enlightened by vivisection. But cruelty is not necessarily attached to vivisections, if, by it, the infliction of pain is meant. By means of anesthetics no pain whatever need be inflicted; and we can scarcely imagine an instance in which it would be necessary for the completeness of the experiment to do without an anesthetic. On the contrary, by its use, generally, the vivisection is rendered more perfect and satisfactory. The shock which would follow upon an operation, when an animal is conscious, and which would interfere very much with the regular phenomena, is largely avoided, and what is also very important, the struggles of the animal are gotten rid of.

It is to be hoped that the profession of the different States of this country will jealously watch any propositions to pass any laws that may interfere with this important means of advancing science. It is much easier to prevent the enactment of improper laws than it is to repeal or modify them after they have been enacted. Had the profession in England been on the alert when a number of the silly and ignorant members of the Society for the Prevention of Cruelty to Animals were proposing their absurd enactments, they could probably have brought about such modifications as that a law having only proper restraints upon excesses and cruelty in vivisections would have been passed.

COMPLIMENTARY.—Although we have received hundreds of letters in which the *MEDICAL NEWS* has been mentioned

in the most complimentary terms, yet, considering it rather in bad taste to quote the laudatory remarks of our friends in their private letters, we have always avoided publishing anything thus said about us. In other medical journals, however, it is a very common sight to see letters printed that have been received containing praises of them.

Since our last issue, completing the volume of 1881, we have received so many letters containing commendations of the *MEDICAL NEWS*, we have thought we would, for once, make a departure from our usual course, and publish a few lines in praise of our journal, taken from one of the letters selected at random from very many others containing similar remarks. We quote as follows:

FREEPORT, Mich., Jan. 12, 1882.

J. A. THACKER, M. D.:

Dear Sir :—* * * * *

I have been, and am still, taking a number of medical journals—some of which the subscription price is five dollars a year—but I find none of them as practical as the Cincinnati *MEDICAL NEWS*. I would not be willing to exchange it for any other medical journal I am acquainted with.

I am, very truly, yours,

J. A. DE VORE.

SPARE MINUTE SERIES. *The Might of Right*. From the Writings of Wm. Ewart Gladstone. Selected by E. E. Brown. With an Introduction by John D. Long. 12mo. Pp. 300. Boston: D. Lothrop & Co.

There is probably no greater mind in the world at this time than that of Mr. Gladstone. An orator, scholar, financier, statesman, premier, and, we may also add, theologian, he is conspicuous among the most eminent men of the world. To his present exalted position as premier of England, he has raised himself by his great powers of mind, overpowering all opposition, and compelling recognition from the Queen, who belittled herself and brought contempt upon herself by efforts at treating him with contempt. Gifted by nature with more than ordinary intellectual strength, he has acquired a culture of mind by study, research, reading, observation, and reflection, that makes him pre-eminently superior. With classic lore and the learning of modern times he is perfectly familiar.

In every department of knowledge he exhibits a skill which the ordinary mind can only acquire by years of study in one. How great, how stupendous is such a mind! How mighty and far-reaching is its grasp—how extensive is the culture and learning possessed by it!

The little work whose title we have here given is made up from what we might properly term the droppings from the overflowing of such a mind as that of Mr. Gladstone—jewels that fell from the casket as the owner mixed with other men. There are found in it expressions in regard to beauty, education, Christianity, the holy Scriptures, truth, poetry, literature, religion, and quite a number of other subjects.

Under the heading of the "Holy Scriptures" we find the following expression: "Few, indeed, are there among us whose religious belief and system has actually been formed either from Scripture as a whole, or even from that limited, but singularly precious, portion of it contained in the New Testament. What we suppose to be from Scripture is really, as a general rule, from the catechism, or the schoolmaster, or the preacher, or the school of thought, in immediate contact with which we have been brought up; or, perhaps, it has come from the pastor, or from the parent, and in some cases by the living and affectionate contact of mind with mind."

LISTERINE.—Some object to the name of this preparation, derived from the name of the famous surgeon, Lister. But what does a name signify, if the article itself is all right? And we believe that, in this case, it is all right.

Listerine is, as it is claimed to be, a powerful, safe and pleasant antiseptic. It will do all that carbolic acid, and other antiseptics, will do, while it has none of the objectionable features belonging to them. It does not soil the clothes, and has no offensive odor. As an application to ulcers and suppurating wounds; as a gargle or mouth-wash in scarlatina, scarlet fever, and other affections of the mouth and throat; as an injection in leucorrhœa, gonorrhœa, etc., it will be found invaluable. We have used it in one and two teaspoonful doses in disordered stomach, attended with acid eructations, with most gratifying results. When the eructations were of a fetid char-

acter, we have no doubt the benefit would be still more marked. Many cases of gonorrhea will yield to it, as an injection, without any other treatment.

We have not yet had an opportunity to observe its action, by the microscope, on bacteria; but we intend to soon, and will report. However, its action as an antiseptic shows pretty conclusively what would be the effect. The advertisement of it will be found in our advertising pages.

A FATAL DISEASE CONTRACTED FROM A HORSE.—A curious suit for damages has been brought against the Hestonville, Mantua and Fairmount Passenger Railway Company, by Widow Mary Loughrey. Michael Loughrey, who was Mrs. Loughrey's husband, was employed as a driver by the company, early in 1880. The horses attached to his car, it is alleged, were afflicted with glanders. Michael contracted the disease. Dr. D. Hayes Agnew, and other eminent physicians, were called in, but they could not control the malady. Loughrey suffered intensely for about six weeks, when he died. Mrs. Loughrey claims that the company was legally obliged to employ horses of sound health. She claims \$20,000 damages for her husband's life, sacrificed, as she charges, through the company's neglect.

SUITS FOR MALPRACTICE.—Prof. R. A. Vance, of Cincinnati, delivered an interesting lecture on "Knee-Joint Injuries and Inflammation," before the N. W. O. Med. Association, and their *medico-legal* aspects, during which he made the startling statement that he was cognizant of nearly fifty suits for malpractice, now pending, within a radius of about 100 miles of Cincinnati; nearly all of them being brought by impecunious parties against men of average ability, who had accumulated sufficient means to tempt the cupidity of the plaintiffs and their accomplices. A malpractice suit, under our present laws, is a better venture than a lottery to most of these parties; as there can be no loss, but may be great gain.

SMALL-POX DECREASING IN NEW YORK.—At the present writing, small-pox seems to be on the decrease in New

York. For the week ending December 3, thirty-three cases were reported, while there were but seventeen for the week ending December 10. This result is due to the very thorough manner in which each new case is followed up by the Board of Health. Whenever a case is reported, the patient is immediately removed to the Riverside Hospital on Blackwell's Island, and each occupant in the house in which the case occurred is vaccinated. A physician then visits the house every day for two weeks thereafter, and thus any new outbreak is easily controlled.

DR. WILLIAM E. BUTLER, a staff officer of General Jackson in the war of 1812, died at Jackson, Tenn., a few days ago, aged ninety-two years. Once he was defeated by Davy Crockett for the Tennessee Legislature. He owed his defeat to the fact that he had a carpet on his floor. Crockett proclaimed from the stump: "Why, my fellow-citizens, my aristocratic and wealthy competitor walks every day on store goods finer than any of your wives or daughters ever wore."

DEATH UNDER CHLOROFORM AND ETHER.—Last week a patient died at the Great Northern Hospital whilst under the influence of a mixture of chloroform and ether administered preparatory to the removal of the nail of the great toe. The anæsthetic was given on lint, and the operation was completed, when it was discovered that the pulse had ceased, and the patient succumbed in spite of every effort adopted to restore animation.—*Lancet*.

VIRCHOW recently celebrated the twenty-fifth anniversary of his appointment to a professorship in the University of Berlin. He has also been re-elected to the German Parliament.

THE Chicago medical authorities state that persons come to the health office every day affected with small-pox and apply for admission to the pest-house.

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Lozenges are of use in pharyngeal troubles that yield to ordinary medication. By being slowly dissolved, the medicament they contain is brought into contact with the diseased mucous membranes, and hence a beneficial influence, local as well as general, is exerted. In this respect they are of inestimable value to public speakers, teachers, singers, etc., as they are handy to carry about the person. In certain diseases of children, in worms, dyspepsia, and in cases where it is desirable to carry the remedy about the person (as with travelers), the lozenge is a useful form for a medicament. We manufacture fifty formulae.

Special formulae made to order of any desired size, shape, color or flavor, when ordered in quantities of three pounds or more.

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For solubility, regularity of shape and beauty of finish they are excelled by none.

They are coated while the mass is *yet soft*, and will *remain* in same condition for *years*.

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We desire to call the attention of pharmacists to our preparations embraced under this head.

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We put them up in pounds, half gallons and demijohns.

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Etc., Etc., Etc.

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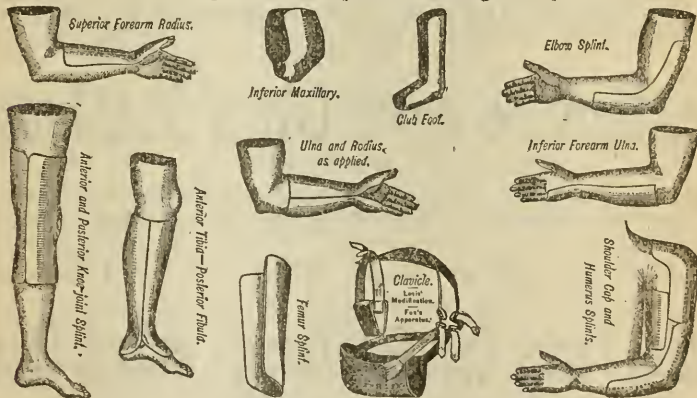
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Report from Bellevue Hospital, New York.

In *The Hospital Gazette* for February 6th, 1879 [page 108] Dr. E. Hochheimer makes a report from BELLEVUE HOSPITAL of a case of Infantile Paralysis, which was followed by an exhausting diarrhoea—Speaking of the treatment, he says: "Her condition continued unchanged for the next three weeks; she was put upon a diet consisting principally of milk, but the diarrhoea persisted in spite of opiates and astringents."

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"A common experience among physicians is that some cases of intercostal neuralgia are very troublesome and obstinate, resisting almost every kind of treatment; particularly is this the case in malarial districts. In such cases I would recommend the fluid extract of Persea seed. In my own person, and in every case in which I have employed it, I have been highly gratified with the result. Those of my medical friends to whom I have given samples of the preparation warmly endorse my opinion of it as above, and I can not but believe that further trial of it will cause it to be regarded as a valuable addition to our list of medicines."

Dr. Froehling also mentions the fact that Persea has been employed with benefit in the expulsion of tapeworm.

COCA. (ERYTHROXYLON COCA.) The evidence in favor of Coca is to prove it a powerful nervous stimulant, through which property it retards waste of tissue, increases muscular strength and endurance, and removes fatigue and languor, due to prolonged physical or mental effort. While indicated in all conditions presenting these symptoms, it has an especial indication in the treatment of *the opium and alcohol habits*. In these deplorable conditions it has been found to possess extraordinary properties—relieving the sense of untold bodily and mental misery which follows the withdrawal of the accustomed stimulus, thus preventing a return to the narcotic, and affording an opportunity for building up the system by the administration of restorative tonics.

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